

VIRGINIA HIGHLANDS COMMUNITY COLLEGE
RELEASED TIME REQUEST FOR PAYMENT

Name _____ Date _____

Number of credit hours approved: _____

_____ Regular Rate

_____ Summer Faculty Rate

_____ Overload Rate

Semester/Term (Time Period) _____

Funding:

_____ College Funds

_____ Grant Funds _____
(Name of Grant)

I certify that all activities described in the "Released Time Request for Faculty" form have been completed and accepted. Documentation is attached.

Faculty Member

Date

Division Dean

Date

attachment

cc Division Dean
Vice President, Instruction and Student Services