

COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE  
26 College Drive  
Concord, NH 03301

**Running Start Faculty Partners Payment Form**

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Social Sec. No. \_\_\_\_\_ College: \_\_\_\_\_

Stipend Amount: \$300.00 per high school course Funding: 161100-16RST-6203

TOTAL AMOUNT DUE: \_\_\_\_\_

**DESCRIPTION OF RUNNING START SERVICES RENDERED:**

1. Course: \_\_\_\_\_ High School: \_\_\_\_\_

Instructor: \_\_\_\_\_ # of Sections: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

2. Course: \_\_\_\_\_ High School: \_\_\_\_\_

Instructor: \_\_\_\_\_ # of Sections: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

3. Course: \_\_\_\_\_ High School: \_\_\_\_\_

Instructor: \_\_\_\_\_ # of Sections: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Authorized Signatures:**

**Date:**

Employee: \_\_\_\_\_

Running Start Coordinator: \_\_\_\_\_

VP of Academic Affairs: \_\_\_\_\_

College Fiscal Officer: \_\_\_\_\_

**Please attach a copy of the completed "Running Start Checklist for College Faculty Partners" for each Running Start course as designated above. Payment shall be processed upon conclusion of the Running Start course.**