

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.