

## PAID PROFESSIONAL ASSIGNMENT (PPA) REQUEST FORM

TO: DATE:		Leigh Ann Collins				
		8/1/2025				
FROM:		Carol Derkowski				
DIV or UNIT:		Allied Health division				
SUBJ:	PPA request for:					
	Title of PPA activity: Interim director of Physical Therapist Assistance Progran					
	Dates (or semesters) of activity: August 1, 2025- December 15, 2025					
Α.	Activity and Expected Outcomes. Provide a brief narrative description plus a list of tasks and expected outcomes (append add'l pages if necessary). If PPA duties are described in a college-approved job description, simply refer to that document.					
	Serve as Interim PTA Director Supervise faculty Maintain compliance with CAPTE (accrediting agency) Advises students Verify course schedules Verify overloads and contracts Manages daily program operations					
В.	Cost		# PPA Pay		Total	
	Type PP	Α	Hours	PPA Salary	Costs	
	ON CONTRAC (release time from teaching)	Т				
	ON OVERLOAI (additional compensation)	D			\$ 2,400.00	
			TOTAL	\$ 0.00	\$ 2,400.00	
Budget Number :						
	Leigh Ann VP: Collins	Collin	2025.08.07 19:01:24	Da	ate:	