

## PAID PROFESSIONAL ASSIGNMENT (PPA) REQUEST FORM

TO: Vice Pr	resident of Instruction	DATE: Sep	tember 9, 2016	
FROM:	Carol Derko	wski		
DIV or UNIT:	Allied Health			
SUBJ:	PPA request for: <u>Debbi</u>	e Yancey		
	Title of PPA activity: <u>A</u>	nnual Stipend	for ADN Director	
]	Dates (or semesters) of a	activity:	Fall. 2016 Ser	rester
expected approved	outcomes (append ac d job description, simpl	ld'I pages if ne y refer to that d	ccessary). If PPA duties ocument.	tion plus a list of tasks and s are described in a college-
Nursi 2. Trans	ng for accreditation sition leadership of A	of an associate DN program	ards set forth by the Te e degree nursing progra to a new director for S the college, program a	am.
		PPA Pay Hours	PPA Salary	Total Costs
ON CON (release from tea				
ON OVE (addition compen			\$ 5,000 00	\$ 5,000 00 \$ 5,000 00
		TOTAL	\$	\$ 5,00000
C. Approval:	Cho.	Migan	(65/2) D	Date: 9-9-16 9/12
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VPI:	Buty a.	V	<u> </u>	Date: 9-20-16