



**CENTRAL CONNECTICUT STATE UNIVERSITY  
REQUEST FOR PAYMENT UNDER ARTICLE 10.12**

Article 10.12 – Compensation may be awarded to **full time AAUP** members for such contract/grant activities as seminars, workshops, conferences, institutes, community programs, curriculum development and evaluation of such activities not officially part of the approved university curriculum. Provision of services enumerated above that do not interfere with a member’s normal workload shall be excluded from the workload provisions of this Agreement.

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

ESTIMATED WORK CLOCK HOURS: _____ <small>(round up/down to the nearest .25)</small>	RATE PER HOUR: \$ _____ <small>(not to exceed IBS rate for grant funded programs)</small>
BANNER INDEX/ACCOUNT: _____	TOTAL <b>PROJECTED</b> COMPENSATION: \$ _____
IS THIS PAYMENT GRANT FUNDED?	Yes: _____ No: _____
IS THIS PAYMENT FROM A FEDERALLY FUNDED GRANT?	Yes: _____ No: _____
<b>INDICATE THE DATE(S) THE SERVICE IS TO BE PERFORMED: (Complete most appropriate choice)</b>	
<b>FOR GRANT FUNDED:</b> Specify quarter or if less than three (3) months, dates of service _____ <small>MM/DD/YYYY to MM/DD/YYYY</small>	
<input type="checkbox"/> 01/01-03/31/20__	<input type="checkbox"/> 04/01-06/30/20__
<input type="checkbox"/> 07/01-09/30/20__	<input type="checkbox"/> 10/01-12/31/20__
<b>FOR NON-GRANT FUNDED:</b> Indicate date(s) of service: _____ <small>MM/DD/YYYY to MM/DD/YYYY</small>	

**NATURE OF ASSIGNMENT:** (Describe in detail work to be performed. Attach additional pages, if needed.)

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**Approval must be obtained before beginning any work.** By signing below, we certify that the assignment described is not part of a program which will involve the granting of academic credit and that there is no conflict between the scheduling of this 10.12 assignment and the AAUP Member’s primary work schedule.

_____	_____
<b>HIRING OFFICER</b> (print name/signature)	<b>DATE</b>
_____	_____
<b>FACULTY MEMBER</b> (print name/signature)	<b>DATE</b>
_____	_____
<b>DEAN / DIVISION HEAD</b> (print name/signature)	<b>DATE</b>
_____	_____
<b>PROVOST / EXECUTIVE</b> (print name/signature)	<b>DATE</b>

<b>HUMAN RESOURCES APPROVAL:</b>	
<input type="checkbox"/> <b>Request is not Grant Funded.</b>	
<b>For Federally Funded Grant Requests:</b>	<input type="checkbox"/> Rate Per Hour is the same or lower than the IBS Rate \$ _____
	<input type="checkbox"/> <b>DO NOT Process</b> – Return to Hiring Officer for Correction
_____	_____
<b>HUMAN RESOURCES</b> (print name/signature)	<b>DATE</b>
<b>GRANT FUNDED REQUESTS ONLY:</b>	
<input type="checkbox"/> Approved	
_____	_____
<b>OFFICE OF POST AWARD GRANTS</b> (print name/signature)	<b>DATE</b>

**COMPLETE PAYMENT AUTHORIZATION SECTION BELOW UPON COMPLETION OF WORK**

**PAYMENT AUTHORIZATION**

ACTUAL WORK CLOCK HOURS: \_\_\_\_\_  
(round up/down to the nearest .25)

RATE PER HOUR: \$ \_\_\_\_\_  
(not to exceed IBS rate for grant funded programs)

TOTAL COMPENSATION TO BE PAID: \$ \_\_\_\_\_

**CERTIFICATION**

By signing below, I certify that the work described above has been completed.

\_\_\_\_\_  
**FACULTY MEMBER** (print name/signature) \_\_\_\_\_  
**DATE**

By signing below, I authorize said payment of the total compensation amount to the above-named Faculty Member.

\_\_\_\_\_  
**HIRING OFFICER** (print name/signature) \_\_\_\_\_  
**DATE**

**IF ACTUAL WORK HOURS EXCEED EXPECTED WORK HOURS, ADDITIONAL SIGNATURES ARE REQUIRED:**

\_\_\_\_\_  
**DEAN / DIVISION HEAD** (print name/signature) \_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PROVOST / EXECUTIVE** (print name/signature) \_\_\_\_\_  
**DATE**

**Grant Funded Requests Only**

\_\_\_\_\_  
**OFFICE OF POST AWARD GRANTS** (print name/signature) \_\_\_\_\_  
**DATE**

**Human Resources Only**

Employee ID: \_\_\_\_\_ Record #: \_\_\_\_\_ Check Date: \_\_\_\_\_

Revised: May 2021