



**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 PROJECTED COMPENSATION: \$ _____
IS THIS PAYMENT GRANT FUNDED?	Yes: _____ No: _____
IS THIS PAYMENT FROM A FEDERALLY FUNDED GRANT?	Yes: _____ No: _____
INDICATE THE DATE(S) THE SERVICE IS TO BE PERFORMED: (Complete most appropriate choice)	
FOR GRANT FUNDED: Specify quarter or if less than three (3) months, dates of service _____	
<input type="checkbox"/> 01/01-03/31/202__	<input type="checkbox"/> 04/01-06/30/202__
<input type="checkbox"/> 07/01-09/30/202__	<input type="checkbox"/> 10/01-12/31/202__
FOR NON-GRANT FUNDED: 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.)

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.

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

HUMAN RESOURCES APPROVAL:

Request is not Grant Funded.

For Federally Funded Grant Requests: Rate Per Hour is the same or lower than the IBS Rate \$ _____

DO NOT Process – Return to Hiring Officer for Correction

HUMAN RESOURCES (print name/signature)	DATE
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GRANT FUNDED REQUESTS ONLY:

Approved

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