

Article 10.12.1 – Bargaining unit duties involving no load credit that are within the University but other than normal assignments may be offered to full-time members up to a total of 135 hours per semester (prorated for intersession or summer session as appropriate). Compensation for each 45 hours of work shall be one load credit at the compensation rates (below) listed in Article 11 of the AAUP Collective Bargaining Agreement.

Instructions: **BEFORE** work begins, hiring officer completes p. 1 of this form, obtains signatures, and copies Department Chair and Provost. Hiring officer maintains form and verifies that work is completed. Upon completion of work, hiring officer completes payment authorization (p. 2) and forwards to Human Resources. Approved form is forwarded to Department Chair and Provost.

NAME:	RANK:	DEPARTMENT:
ESTIMATED WORK CLOCK HOURS: ÷ 45 = Load Credit Equi	X \$ = TOTAL <u>PROJECTED</u> COMP v. Wage per Load Hour	ENSATION: \$
Estimated work clock hours cannot exceed 135 hours; <u>Total #</u> <u>All numbers should be rounded up or down to the nearest .</u>		s per Art. 11.2
BANNER INDEX/ACCOUNT:	IS THIS PAYMENT GRANT FUNDED?	Yes: No:
INDICATE THE DATE(S) THE SERV	ICE IS TO BE PERFORMED: (Complete most a	appropriate choice)
FOR GRANT FUNDED: Specify quarter or if less t	han three (3) months, dates of service	
□01/01-03/31/202 <u></u> □04/01-06/30	0/202	□10/01-12/31/202 <u> </u>
FOR NON-GRANT FUNDED: Please indicate term	: Fall Winter Spring	Summer / Year
NATURE OF ASSIGNMENT: (Describe in detail wo	ork to be performed. Attach additional pages	, if needed.)
Approval must be obtained before beginning an	y work. By signing below, we certify that the	e assignment described is not part
of a program which will involve the granting of a		etween the scheduling of this 10.12
.1 assignment and the AAUP Member's primary v	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
GRANT FUNDED REQUESTS ONLY:		
OFFICE OF POST AWARD GRANTS (print name/s	gnature)	DATE

cc: Department Chair

COMPLETE PAYMENT AUTHORIZATION SECTION BELOW UPON COMPLETION OF WORK

PAYMENT AUTHORIZATION			
ACTUAL WORK CLOCK HOURS: ÷ 45 = X \$ = TOTAL COM Load Credit Equiv. Wage per Load Hour	IPENSATION TO BE PAID: \$		
Actual work clock hours cannot exceed 135 hours; Total # of load hours worked cannot exceed 3.0	0 Load Credits per Art. 11.2		
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			
Approved: Human Resources (print name/signature)	DATE		
Employee ID: Record #:	Check Date:		

Revised: Aug 2024

RANK	AY 2024-2025 Wage Per Load Hour (8/26/2024-8/25/2025)	
Professor	\$2,700	
Associate Professor	\$2,489	
Assistant Professor	\$2,298	
Instructor	\$2,104	