



CENTRAL CONNECTICUT STATE UNIVERSITY
REQUEST FOR PAYMENT UNDER ARTICLE 10.12.1

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 = _____ X \$ _____ = TOTAL **PROJECTED** COMPENSATION: \$ _____
Load Credit Equiv. Wage per Load Hour

Estimated work clock hours cannot exceed 135 hours; **Total # of load hours worked cannot exceed 3.00 Load Credits per Art. 11.2**

All numbers should be rounded up or down to the nearest .25

BANNER INDEX/ACCOUNT: _____ IS THIS PAYMENT GRANT FUNDED? 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 _____

☐ 01/01-03/31/202__ ☐ 04/01-06/30/202__ ☐ 07/01-09/30/202__ ☐ 10/01-12/31/202__

FOR NON-GRANT FUNDED: Please indicate term: ____ Fall ____ Winter ____ Spring ____ Summer / Year ____

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 .1 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

GRANT FUNDED REQUESTS ONLY:

OFFICE OF POST AWARD GRANTS (print name/signature)

DATE

cc: Department Chair

******* RETURN TO HIRING OFFICER PENDING COMPLETION OF WORK *******

COMPLETE PAYMENT AUTHORIZATION SECTION BELOW UPON COMPLETION OF WORK

PAYMENT AUTHORIZATION

ACTUAL

WORK CLOCK HOURS: _____ ÷ 45 = _____ X \$ _____ = TOTAL COMPENSATION TO BE PAID: \$ _____
Load Credit Equiv. Wage per Load Hour

Actual work clock hours cannot exceed 135 hours; Total # of load hours worked cannot exceed 3.00 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 2026

RANK	AY 2026-2027 Wage Per Load Hour (8/25/2026-8/24/2027)
Professor	\$2,949
Associate Professor	\$2,720
Assistant Professor	\$2,511
Instructor	\$2,298