

REQUEST FOR PAYMENT OF FACULTY INCENTIVE FUNDS FORM

Faculty Member: _____

Employee Number: _____

Department: _____

Semester and Year Travel Occurred: _____

Purpose(s) of Travel: _____

(Note: Only travel for instructional purposes is eligible for Incentive Funds.)

Travel From: _____ to _____

Round Trip Miles per Trip: _____ Number of Trips: _____

Total Miles Claimed: _____

Payment Option: Cash Professional Development

_____ SAP Fund/Fund Center

Based on selected option amount of payment (see chart below): _____

This form must be submitted with copies of either the University Travel Authorization Forms for each trip claimed or the Expense Reports submitted for each trip. No request will be processed without one of the above noted items.

Faculty Member Signature _____
Date

Department Chairperson _____
Date

Dean/Executive Dean _____
Date

Assistant VPAA, Extended Programs _____
Date

Assistant Vice President for Human Resources _____
Date

Comptroller (For Professional Development requests only) _____
Date

Processed: _____ By: _____

Payment Chart (As per the CBA, Article 40)

<u>Cumulative Miles Traveled</u>	<u>Cash Payment</u>	<u>Professional Development</u>
500 Miles or Less	0	0
501-1,500 Miles	\$375	\$500
Over 1,500 Miles	\$750	\$1,000

Note: No incentive shall be paid for teaching locations within 15 miles of the faculty member's home or the University, whichever is closer (as per the CBA, Article 40).

Revision approved at Deans' Council on 5/4/05.