



SOUTHERN CONNECTICUT STATE UNIVERSITY

10.12.1 Compensation Authorization for Duties with No Load Credit

Pursuant to Article 10.12.1 of CSU/AAUP Collective Bargaining Agreement

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 listed in Article 11.

Instructions for completing 10.12.1 form:

1. Prepare 10.12.1 form at least three weeks prior to the start of the session.
2. Obtain approvals from Chairperson/Department Head and Dean.
3. Forward form to Academic Affairs for approval by Provost.
4. Faculty member will be notified of Provost decision prior to start of session.
5. Faculty member can begin assignment, only if approved by Provost.
6. When assignment is completed, Faculty Member must sign form in Academic Affairs, certifying that the obligations have been fulfilled.
7. The Dean/Appropriate Vice President will sign bottom of form indicating that the work has been completed, and form will be processed for payment.

Name of Faculty Member: _____ Home Dept. of Faculty Member: _____

Indicate Year and Semester:

Fall:	<input type="checkbox"/>	Intersession:	<input type="checkbox"/>	Spring:	<input type="checkbox"/>	Spring Break:	<input type="checkbox"/>
Summer A 5:	<input type="checkbox"/>	Summer A 6:	<input type="checkbox"/>	Summer B 5:	<input type="checkbox"/>	Summer B 6:	<input type="checkbox"/>
Summer B 3:	<input type="checkbox"/>						

Date(s) of Activity: _____

Nature of Assignment: (Describe in detail work to be performed.)

Is funding provided through outside contract/grant, i.e., fee paid by participants? YES NO
(If NO, continue to process form/If YES, submit on a 10.12 form.)

Does activity interfere with member's normal workload? YES NO
(If NO, continue to process form/If YES, consult with Human Resources Department)

Total Hours: _____ Rate per hour: \$ _____ Total Payroll Compensation: \$ _____

Banner Cost Center:

<input type="text"/>	<input type="text"/>	<input type="text" value="612130"/>	<input type="text"/>
<small>FUND</small>	<small>ORGANIZATION</small>	<small>ACCOUNT</small>	<small>PROGRAM</small>

By signing below, we certify that the assignment described is not part of a program that will involve the granting of academic credit and that there is no conflict between the scheduling of the 10.12.1 assignments and the faculty member's primary work schedule.

APPROVALS:

Chairperson/Dept. Head _____ Date: _____

Dean _____ Date: _____

Provost/VP for Academic Affairs _____ Date: _____

(or designee)

Chief Human Resources Officer _____ Date: _____

(or designee)

I certify that I have fulfilled my obligations as per this form.

Faculty Member _____ Date _____

Approved for Payment: _____

Dean/Appropriate Vice President _____ Date _____