



SOUTHERN CONNECTICUT STATE UNIVERSITY

Article 11 Compensation for Non-Instructional Educational Activities Form (Full-Time)

Pursuant to Article 11 of CSU/AAUP Collective Bargaining Agreement

Article 11.1: For purposes of this Agreement, (a) "Summer session" refers to one or more sessions of classes and/or other organized educational activities lasting five or more weeks which are scheduled to occur between the end of the final examination period for the spring semester and the beginning of fall semester classes, and (b) "intersession" refers to one or more sessions, classes and/or other organized educational activities which are scheduled to occur between the end of the final examination period for the fall semester and the beginning of the spring semester classes or during another period outside of the normal academic year.

Article 11.5: Individual load assignments for a summer session of five (5) to eight (8) weeks or intersession (four (4) weeks or fewer) shall be restricted to eight (8) and four (4) load credits respectively. When sessions overlap, both in the aggregate shall be considered a single session for purposes of this limitation. In no event shall the total load assignments in a given summer exceed sixteen (16) load credits or eighteen (18) load credits where the load assignment includes laboratory or studio courses.

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.)

Name of Faculty Member: _____ Home Department: _____

Indicate Credits and Semester: Summer A 5: [] Summer A 6: [] Intersession: [] Summer B 5: [] Summer B 6: []

Please indicate any additional credits for teaching during the applicable session.

Summer A 5: [] Summer A 6: [] Intersession: [] Summer B 5: [] Summer B 6: []

Date(s) of Activity: _____

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

Empty box for describing the nature of the assignment.

Rate per Credit: \$ _____ # of Credits: _____ Total Compensation: \$ _____ -

Banner Coding: FUND [] ORGANIZATION [] ACCOUNT 612130 PROGRAM []

APPROVALS:

Chairperson/Dept. Head _____ Date: _____
Dean _____ Date: _____
Provost/VP for Academic Affairs _____ Date: _____
Chief Human Resources Officer _____ Date: _____

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

Faculty Member _____ Date _____

Approved for Payment:

Dean/Appropriate Vice President _____ Date _____