



APSCUF Article 40 Compensation Request and Authorization

Name: _____ Employee ID#: _____ Banner ID#: @ _____

Department: _____ Term/Year: _____

ARTICLE 40 COMPLETION INSTRUCTIONS:

1. COMPLETE/SUBMIT A LOCATION/MILEAGE VERIFICATION FORM FOR EACH LOCATION TRAVELED
2. ENTER TOTAL **CUMULATIVE** MILES: _____ (Total of all *Article 40 Location/Mileage Verification forms submitted with this form)
3. COMPLETE INCENTIVE PAYMENT CHART
 - a. Select Incentive Type
 - b. Enter payment amount requested

INCENTIVE PAYMENT CHART						
Select One	Incentive Type	Total Cumulative Miles Traveled Allowance Per Semester (Total calculated in Mileage Verification Section, pg. 2)				Payment Amount Requested
		500 miles Or less	501-1,500 Miles	1,501-3,000 Miles	Over 3,000 Miles	
	Cash (CI)	0	\$375	\$750	\$1,125	
	Professional Development (PDI)	0	\$500	\$1,000	\$1,500	

BUDGET FUNDING INFORMATION	
CASH INCENTIVE (CI) OPTION	PERSONAL DEVELOPMENT INCENTIVE (PDI) OPTION
SAP COST CENTER NUMBER: 4004 _____ (Faculty's home department personnel cost center number)	SAP COST CENTER to transfer PDI funding from: _____ (Determined/Entered by the Dean's Office) SAP COST CENTER to transfer PDI funding to: _____ (If not available, leave blank, will be assigned by Grant Accounting)

Employee's Signature _____ Date _____

Dept. Chair or Program Director Signature _____ Date _____

Dean/Designee Signature _____ Date _____

Provost/Designee Signature _____ Date _____

Processing Instructions: Dean's Office - Send the completed, signed form and verification documents to: Provost's Associate Office, 210 Sutton Hall.

Grant & Special Funds Accounting Use Only PDI CC _____ Date _____ Initials _____	Payroll Use Only Input _____ Pay Date _____ Initials _____
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