



# Indiana University of Pennsylvania

## APSCUF Article 40 Compensation Request and Authorization

Name: \_\_\_\_\_ SAP ID#: \_\_\_\_\_ Banner ID#: @ \_\_\_\_\_

Home Address: \_\_\_\_\_

Department: \_\_\_\_\_ Term/Year: \_\_\_\_\_

Course Location: \_\_\_\_\_

Note: Incentives are calculated for actual miles traveled. Example: If you make one trip and teach two courses at the same location, you will receive incentive mileage for one trip only.

Course & Section#: \_\_\_\_\_ CRN #: \_\_\_\_\_ Day(s)/Time Course taught: \_\_\_\_\_ / \_\_\_\_\_

Course & Section#: \_\_\_\_\_ CRN #: \_\_\_\_\_ Day(s)/Time Course taught: \_\_\_\_\_ / \_\_\_\_\_

Course & Section#: \_\_\_\_\_ CRN #: \_\_\_\_\_ Day(s)/Time Course taught: \_\_\_\_\_ / \_\_\_\_\_

Course & Section#: \_\_\_\_\_ CRN #: \_\_\_\_\_ Day(s)/Time Course taught: \_\_\_\_\_ / \_\_\_\_\_

### Mileage Qualifications:

- \* Home to site or university campus to site, whichever is closer.
- \* Home or university must be 15 miles or more from location.

### Mileage Information:

Miles from home to location: \_\_\_\_\_  
 Miles from Indiana campus to location: \_\_\_\_\_  
 Number of one-way trips: \_\_\_\_\_  
 Total miles traveled: \_\_\_\_\_

Select One	Incentive Type	Total Cumulative Miles Traveled Allowance			Payment Amount
		500 miles or less	501-1,500 miles	Over 1,500 miles	
	Cash (CI)	0	\$375	\$750	
	Professional Development (PDI)	0	\$500	\$1,000	

### BUDGET FUNDING INFORMATION

CASH INCENTIVE (CI) OPTION	PERSONAL DEVELOPMENT INCENTIVE (PDI) OPTION
	PDI Cost Centers to be determined by the Graduate School or Dean's office.
SAP COST CENTER NUMBER: 4004 _____ (Faculty's home department personnel cost center number)	SAP COST CENTER to transfer PDI funding from:
	SAP COST CENTER to transfer PDI funding to:

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Dean's Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate Provost Signature \_\_\_\_\_ Date \_\_\_\_\_

**Processing Instructions:** Send the completed and signed form to the Associate Provost Office, 209 Sutton.

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