

**FACULTY SERVICE PAYMENT REQUEST**

**AP FORM 131**

Faculty Service Payments are issued **on or after the 25th of each month** if received in Academic Personnel by the **5th of each month**.

**THIS FORM IS NOT TO BE USED FOR SPONSORED PROJECTS-FUNDED PAYMENTS.**

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| **EMPLOYEE INFORMATION** | | | | | |
| **LAST NAME:** | **FIRST NAME:** | | | **EMPL ID:** | |
| **TITLE/POSITION (if known)**: | | **PRIMARY JOB CODE:** | | | AY  12-month |
| **PRIMARY DEPARTMENT:** | | | **DEPARTMENT ID:** | | |

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| **PAYMENT JUSTIFICATION** (attach supporting documentation; award letter, research proposal, workshop flyer, etc.) | |
| **Select one of the following:**  Award  Non-Sponsored Programs Research  Workshop  Other (explain) | **Provide brief reason for request** (include **title** of proposal, project or workshop) |

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| **PAYMENT INFORMATION** | |  | **FUNDING SOURCE/CHARTFIELD STRING** | | | | | | |
| **Payment Amount** (max $6,000): | **$** |  | **FUNDING DEPARTMENT** | **FUND** | **DEPT ID** | **ACCT** | **PROGRAM** | **CLASS** | **PROJECT** |
| (taxed at flat rate of **36.25%** which will be deducted from primary position future salary) | |  |  |  |  | **601804** |  |  |  |
| **Form Completed By:** | **Extension:** |  | **Select type of fund:**  General Fund  CBF  SSF  Lottery  UCP (requires UCP Analyst approval) | | | | | | |

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| **FUNDING AUTHORIZATION**  (please route for all required signatures) | | | |
| **Funding Source Authorization:**  **Name:** | **Signature/Date** | **Funding Source Budget Specialist**  **Name:** | **Signature/Date** |
| **UCP Analyst Authorization:**  **Name:** | **Signature/Date** |  |  |

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| **DEPARTMENT AND COLLEGE RECOMMENDATIONS**  (please route for all required signatures) | | | |
| **Employee’s Department Head/Chair**  **Name:** | **Signature/Date** | **Employee’s Dean or Associate Dean**  **Name:** | **Signature/Date** |

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| **EMPLOYEE ACCEPTANCE AND AGREEMENT** | |
| I understand and agree that, contingent upon receiving required administrative approvals and funding authorization, the University Accounts Payable office will issue the full gross payment amount as noted above and the State Controller’s Office will deduct all applicable taxes calculated at a flat rate of 36.25% related to this payment from my next University paycheck of the total payment issued. Employee is advised to engage in careful tax planning and consult with a professional tax preparer if necessary for advice. Cal Poly is not responsible for any tax consequences resulting from the above. Payment is exempt from retirement contributions. Questions regarding payment should be directed to Payroll Services at (805) 756-2605. I acknowledge that no payment will be authorized in the absence of required administrative approvals, and that if the requested payment is not approved for whatever reason, the initiator of this request will be so advised. | |
| **Employee Signature:** | **Date:** |

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| **ADMINISTRATIVE APPROVALS** | | | |
| **Vice Provost for Academic Affairs and Personnel** *(required)* | **Name**  **Albert Liddicoat** (or designee) | **Signature** | **Date** |