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| **CPU001_primary_logo_black** | **FACULTY SERVICE PAYMENT REQUEST INSTRUCTIONS**  **AP FORM 131**  **ACADEMIC PERSONNEL** |

**Basic Information (Service Payment Requests should be initiated by the department requesting the payment):**

Faculty Service Payments are limited to current continuing salaried Bargaining Unit 3 faculty members. These payments are for one-time stipends, awards, or services provided, and may not be used for ongoing assignments (refer to SC100-Special Consultant Assignment and Agreement for ongoing assignments). Service payments must fall under a maximum monetary threshold as specified on the AP Form 131. Funding source must be clearly identified, and payments should be funded from the correct State or non-State source as appropriate to the payment. Service Payments include but are not limited to the following categories: payment of stipends for services rendered including participation in/completion of optional/elective instructional workshops, sessions, or seminars; student research supervision or curriculum development/course preparation during academic breaks including summer; internal or other competitively granted teaching, research, or service-related awards, etc. If a request for service payment is not approved, or if additional information is needed, the initiator of the request will be contacted.

Faculty Service Payments are issued on the 25th of each month when documentation is received in Academic Personnel by the 5th of each month. Payment can be picked up by the employee at the University Cashier’s Office, Administration Building (01) Room 131E. Any checks not picked up will be batched with master payroll and picked up by the employee’s primary department. Faculty who request electronic payment of reimbursed expenses through the Direct Deposit (ETF) form available at <http://afd.calpoly.edu/fiscalservices/eftinfo.asp> will have the payment deposited to the financial institution account on record for such reimbursements. Questions regarding appropriate use of this form should be directed to Academic Personnel.

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| **EMPLOYEE INFORMATION** (Employee must be current Unit 3 faculty member receiving monthly salary) | |
| **Field** | **Description** |
| **Employee’s Legal Name** | Employee’s name |
| **Empl ID** | Current employee: Enter Empl ID # |
| **Title and/or Classification of current primary position** | Working title and/or CSU classification title of employee’s current position |
| **Annual FTE** | Based on full-time equivalent of 1.0 |
| AY  12-month | Check box as appropriate |
| **Primary Job Code** | The 4-digit CSU job code of primary position |
| **Primary Department** | Name of primary department |
| **Department ID** | 6-digit department code |
| **End Date of Assignment (if any)** | End date of primary assignment if applicable |

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| **PAYMENT and FUNDING INFORMATION** | |
| **Field** | **Description** |
| **Hiring/Funding Department** | Name of Hiring/Funding Department initiating the payment |
| **Funding source and chartfield string to be used for payment**  State (identify source):  GF  CBF  SSF  Non-state/CPC/CPF (identify source): | Identify State or Non-State/CPC/CPF Funding Source (specify source for non-State funding)  Identify State or Non-State Chartfield String to charge payment expense to:  e.g. Fund-DEPT ID-Account-Program-Class (ex. SL002-123456-660003-XXXXXX-XXXXX)  *GF=General Fund / CBF=College Based Fees / SSF=Student Success Fees* |
| **Form Initiated By / Extension** | Name/campus phone of individual in hiring/funding department who initiated the AP 131 |
| **Payment Amount** | Amount payable to employee. Payment cannot exceed $6,000.\* |

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| **JUSTIFICATION FOR FACULTY SERVICE PAYMENT and INFORMATION ABOUT PROCESS FOLLOWED** (500 characters or less) |
| Please explain reason for payment and if applicable, indicate process followed for requesting and receiving stipend/granting of award or payment. Attach supporting documentation authorizing payment, if applicable (e.g. letter notifying faculty of selection for award, notification to workshop participants, etc). |

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| **DEPARTMENT / COLLEGE / DIVISION RECOMMENDATIONS** | |
| ***Recommendations for payment should have signature authority on account identified for payment.*** | |
| **Budget Analyst/Specialist** | Complete. |
| **Department Head/Chair** | Complete. |
| **College Dean** | Complete. |
| **Associate Vice Provost/ Vice Provost/**  **Vice President** *(as needed)* | Complete as appropriate to employee or if needed to authorize payment. |

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| **EMPLOYEE ACCEPTANCE AND AGREEMENT** |
| ***Employee may sign at any point prior to submission for administrative approval (payment is authorized only when approved)*** |

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| **ADMINISTRATIVE APPROVAL** | |
| ***After approvals are obtained, request is routed to Payroll Services for payment by Accounts Payable*** | |
| **Associate Vice Provost, Academic Personnel**  **Provost & Executive Vice President, Acad. Aff.** | AVP Academic Personnel (or designee) approval required for all Service Payment Requests.  \*Provost approval required for Service Payment Requests exceeding established threshold as stated on form. |