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

**PLEASE REVIEW FACULTY SERVICE PAYMENT REQUEST GUIDELINES AND INSTRUCTIONS BEFORE COMPLETING**

*(available at* [*http://www.academic-personnel.calpoly.edu/content/forms*](http://www.academic-personnel.calpoly.edu/content/forms)*)*

**Service Payment Requests may only be initiated by authorized staff within the department or college requesting the payment (no exceptions are allowed). Incomplete forms, handwritten forms, and forms initiated/submitted by unauthorized personnel will be returned to the initiator. Authorized initiators must complete all required employee information using the appropriate dashboard in PolyData** *(contact Academic Personnel for dashboard access).*

**Faculty Service Payments are issued on or after the 25th of each month when documentation is received in Academic Personnel by the 5th of each month.** Payment (checks) will be routed to the **PRIMARY** department of the faculty employee identified on the form. Faculty who enroll in direct deposit of reimbursed expenses through the Direct Deposit (EFT) 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, and will receive an email confirmation of the deposit.

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| **REQUIRED EMPLOYEE INFORMATION *(NOTE: employee must be current salaried Unit 3 faculty member; any end date of primary assignment entered must allow a minimum of 2 pay periods AFTER submission of the pay request to permit taxes to be withheld from a future paycheck)*** | | | |
| Employee’s Primary Name: **LAST:       FIRST:** | | | Empl ID: |
| Title of current **primary** position (e.g. **Assistant/Associate/Professor, Lecturer**, etc.): | | | |
| Primary Job time-base (FTE): | | Primary Job basis:  AY  12-month | Primary Assignment Job Code: |
| Primary Department: | | Primary Department ID: | End Date of **Primary** Assignment *(if no end date, enter NONE):* |
| **PAYMENT INFORMATION** | | **FUNDING SOURCE/CHARTFIELD STRING** *(fund-DEPTID-Acct 601804-Program-Class-Project)*: | |
| **Payment Amount (max $6000): $**  *(taxed at flat rate of 39.25% which will be deducted from primary position future salary)*  **Estimated Tax liability $** | | Department Responsible for Payment:  **State funds:** **-     -601804-     -     -** *(UCP funds begin with 6 or 7)*  **Specify whether:** *General Fund CBF SSF Lottery UCP (Gift/Donor/Disc.)*  *Campus/CSU Internal Grant Grant Matching Other (identify):*  ***Not to be used for Sponsored Projects-funded payments – contact CPC Sponsored Projects*** | |
| Form Initiated/Completed By: | Extension: | **Non-state funds:** **-     -601804-     -     -** (if grant-funded, don’t use this form)  **Fund Type:**  *Trust  Revenue  Other Please identify:* | |
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| **FACULTY SERVICE PAYMENT JUSTIFICATION / REASON / INFORMATION** | | | |
| **Identify reason for payment:** *Workshop*  *Award Non-Sponsored Programs Research Guest lecturer/performer Other (explain below)*  **Title and date of workshop, name of award, title of research project, date of lecture/performance, or other reason for payment – provide brief description:** | | | |
| **Has the faculty member received any other form of payment during this AY for the same workshop, award or project?** *(include pay from CPC)*  **No Unable to determine** **Yes** *(If Yes, provide information/details):* | | | |
| **ATTACH SUPPORTING DOCUMENTATION AUTHORIZING PAYMENT – REQUIRED**  ***For example, letter notifying faculty of selection for award, research proposal submitted, workshop flyer attended, faculty offer letter, etc.*** | | | |

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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** |

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| **\*University Campus Programs funding (gift/donor/discretionary account) requires UCP authorization (route to Jennifer McCarthy, Fiscal Services, for approval)**  **\*Campus/CSU Internal Grant Funding requires campus/CSU grant program administrator authorization (e.g. Dean of Research, CTLT Director, etc., as appropriate)**  **\*Revenue Fund or other non-state funding requires appropriate fund/account authorization (as appropriate)** |

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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 that******University Payroll Services will deduct all applicable taxes calculated at a flat rate of 39.25% -Federal (25%), State (6.6%), Social Security/OASDI (6.2%), and Medicare (1.45%) - 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** | | | |
| **Required:**  **Albert A. Liddicoat** (or designee)  AVP Academic Personnel | **Signature/Date** | **If applicable:**  **Name:**  Provost/Assoc Vice Provost/designee | **Signature/Date** |