

CONTINUING EDUCATION AND INTERNAL CONSULTING ACTIVITIES

Scheduling and authorization of payment request

SOUTHERN ILLINOIS UNIVERSITY

D.C.E. and Vice Chancellor's office use only:

F-Y-T-D payments _____

Fiscal Year charged FY _____

Cumulative compensation _____

Name: Last First Middle Employee ID Preparer's Mailcode

Effective Date(s): Beginning date of activity _____ Ending date of activity _____

Position ID of primary assignment Rank, title, or classification (Job) Department (Organization) Full-time equivalent mnthly salary

<p>SECTION 1. PAYMENT REQUEST (mark and complete appropriate lines:</p> <p><input type="checkbox"/> No additional compensation required</p> <p><input type="checkbox"/> Credit Activity () X () + monthly salary rate/mo = () X () = one-way miles rate per mile _____</p> <p><input type="checkbox"/> Individualized learning payment (complete section 2 below) _____</p> <p><input type="checkbox"/> Credit-free activity (complete section 3 below) _____</p> <p><input type="checkbox"/> Consulting activity (complete section 4 below) (X) daily salary rate # of consulting days _____</p> <p><input type="checkbox"/> Special payments, waivers, or conditions _____</p>	<p>GROSS AMOUNT TO BE PAID: _____</p> <p>PAYMENT SCHEDULE:*</p> <p><input type="radio"/> Pay in lump sum on _____</p> <p><input type="radio"/> Pay in equal installments of _____ beginning on _____ (date of first check)</p> <p><small>*The first installment is not to precede the beginning of services. The activity must be complete before the final installment or lump sum payment is made.</small></p>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">AIS Budget Description</th> <th style="width: 10%;">AIS Fund</th> <th style="width: 10%;">AIS Unit</th> <th style="width: 10%;">AIS Budget Purpose</th> <th style="width: 10%;">AIS Dept Activity 1</th> <th style="width: 10%;">AIS Dept Activity 2</th> <th style="width: 10%;">AIS Function</th> <th style="width: 10%;">AIS Natural Account</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		AIS Budget Description	AIS Fund	AIS Unit	AIS Budget Purpose	AIS Dept Activity 1	AIS Dept Activity 2	AIS Function	AIS Natural Account								
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SECTION 2. CREDIT COURSE ACTIVITY

Course number and title Semester Year Semester Hours

Location Days/time Total contact hours

Type of Credit: Beginning Date Ending Date

Undergraduate Tuition: Admissions & Records use only:

Graduate* Regular off-campus Call # _____

Both* Other Section # _____

*Graduate School signature required

SECTION 3. CREDIT FREE ACTIVITY

Title Number of contact hours _____

Location _____

Continuing Education use only:
Code _____

SECTION 4. INTERNAL CONSULTING ACTIVITY

Description of consulting activity:

Total consulting days Location: On campus Other Specify city and state _____

READ BEFORE SIGNING: I agree to accept this assignment and compensation subject to the above conditions and subject to the printed conditions set forth; further, I understand that if this course or activity is cancelled, I am not entitled to payment.

Administrative Approvals (As required by campus)

Chair/Fiscal Officer	Date	Dean/Director	Date	Dean of the Graduate School	Date
Director of Continuing Education	Date	Other administrative approval	Date	Vice Chancellor/Provost	Date