

FACULTY INCENTIVE PROGRAM (FIP)

REQUEST FOR PAYMENT

This form is to be initiated by the faculty member. Submit at the end of the academic year incentive payments are earned, no later July 31, or within 90 days of the project end date if compensation was approved under the exception provision. Compensation shall be paid in fall of the new academic year, or when requested if under the exception provision. Funds not requested by the deadline(s) will be forfeited.

Faculty Name: _____

Department: _____

I am requesting my FIP payment, as indicated in my intent to participate form, attached.

I certify the following:

- My ePERS have been certified
I have submitted my annual conflict of interest disclosure
All technical report(s) and/or deliverables required have been submitted
I have reviewed my financial reports and confirm all costs are allowable and the project is within budget
There are no outstanding matters, such as payroll expense transfers, journal entries, etc.

Signature

Date

To be completed by department HR liaison:

Faculty member's salary was charged as follows:

Table with 5 rows and 4 columns: Percentage, Speedtype #, Beginning (mo./yr.), Ending (mo./yr.)

Total: _____%

Total Amount Charged: \$ _____

Distributions:

Total: \$ x 75% = \$ to faculty member as follows:
\$ bonus pay (no more than 20% IBS of covered time period allowable)
\$ transfer to the department FIP speedtype
Total: \$ x 15% = \$ to the Office of Sponsored Programs and Research Integrity
Total: \$ x 10% = \$ to the unit managing, tracking and processing incentive compensation payments (typically faculty member's department)

Signature

Date

To be completed by the faculty member's supervisor:

- Faculty member received at least "meets expectations" in most recent annual review
- Faculty member did not receive a reallocation of workload

Supervisor signature

Date

To be completed by the Office of Sponsored Projects Accounting:

- ePERS have been certified
- Expenses are within the project budget(s)
- Faculty member's salary has been charged as indicated above
- There are no known outstanding matters

EXCEPTIONS/NOTES:

Signature

Date

Return original signed form to HR liaison with a copy to the faculty member and the Office of Sponsored Programs and Research Integrity (osp@uccs.edu)