|  |  |
| --- | --- |
| Branch Campuses and Other Locations Teaching Incentive Form **ARTICLE 40** | |
|  | Date |
|  |  |
| Name | Perner # |
|  |  |
| Home Address |  |
| Department | Term/Year |
| Course # and CRN | Course Location |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Qualifications:**

**A-No incentive will be paid for teaching location within 15 miles of the faculty member’s home or University, whichever is closer.**

**B-Mileage used is whichever is closer, home to site or University to site.**

**C-Faculty member volunteered to teach at other teaching locations or was assigned.**

**D-Mileage has to exceed 500 cumulative miles.**

**Mileage Information:**

**Miles from home to location: \_\_\_\_\_\_\_\_\_ Miles from MU to location: \_\_\_\_\_\_\_\_\_ Total Cumulative Miles Traveled: \_\_\_\_\_\_\_\_\_\_\_**

**Number of scheduled classes: \_\_\_\_\_\_\_\_ Day(s) of class: M T W R F S U**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **501-1,500 miles** | **1,501-3,000 miles** | **Over 3,000 miles** |
| **CASH** |  | **$375** | **$750** | **$1,125** |
| **PROFESSIONAL DEVELOPMENT** |  | **$500** | **$1,000** | **$1,500** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Faculty Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary Work Location |  | Date |
| Dean Signature-By signing this form, you are confirming the primary work location and that item C above have been met.  **Please return this form to Alison Wells, CGSAL, Lyle 217.** |  | Date |
| CGSAL Signature |  | Date |
| Provost Signature |  | Date |
| HR Signature |  | Date |
| Budget Signature |  | Date |

If PROFESSIONAL DEVELOPMENT, SAP NUMBER ASSIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_