California University of Pennsylvania Office of Sponsored Programs & Research

Grant-Funded Contract Request

	dit Instruction, Non-Teaching	Instructor's I			
Name				Date:	
Address:	Last	First	M.I.		
	Street Address		Aparti	ment/Unit #	
	City		State	Zip Code	
		Compensation & Pro	ogram Information		
Program Tit	tle				
Service Dat	es:to _		Cost Center #		
	Compensation for Service	: <u>e</u>	Program Director		
Maximum o	f Hours @ \$_	per Hour	•		
CONTRAC	T NOT TO EXCEED \$		Payment Upon Completion	☐ Or Payment Bi-Weekly ☐	
<u>Fo</u>	or Bi-Weekly pay, the Program Dire	ctor must provide the Payro	oll Office with a completed Attachm	ent A form each pay period.	
		Type of Contra	ct Requested		
Select the 7	Type of Contract Requested:		n ☐ Non-Teaching ☐	Tutorial Coordinator	
	ails, as applicable:		•		
Non-Credit	Instruction Contract				
Course Title Location					
Meeting Da	Meeting Dates Times				
	ng or Tutorial Coordinator Co of Duties, Services, and Con-				
be processed longer than or	dates, as provided above, are shorthrough the University payroll systeme (1) month, you may elect to recector will be responsible for tracking	em within five (5) weeks up live bi-weekly payments by	ment equaling the gross amount e- on completion of the program. If the checking the box above. If bi-wee		
the first regula		ram is cancelled, the terms	and conditions of this agreement a	retion of the Program Director prior to are null and void; no payment will be ment to this contract will be issued.	
If you are unable to fulfill your commitment as outlined, you are required to notify the Program Director in writing, three (3) weeks in advance of the scheduled starting date of the class or program. If this contract is for instruction, you will not be paid for any scheduled teaching class for which you are absent. In the event you are absent for a scheduled class, a reduction to the contract amount will be made for each teaching hour missed by applying the following formula (This formula will not apply if the Program Director has made arrangement for a makeup).					
Total Contract Amount Total Contract Hours = Rate Per Contract Hour X 1.2 Actual Hours Missed = Reduction in Contract Amount					
Changes to the condition and terms set forth in this contract can only be made through a written amendment of this contract with the mutual consent and approval of both parties. Other details of this agreement may be obtained from the Program Director.					
If the terms of this agreement are acceptable, please sign and return form to Program Director. Approval					
Approval					
Employee:			Project Director:		
Employee Social Security Number or Employee ID Number:			Dean:		
Are you an employee of the Commonwealth of PA? Yes No			Provost:		
Are you a retiree of the Commonwealth of PA? Yes □ No □			Grants Accounting:		