



REQUEST FOR PROPOSALS (RFP) FORM

Academic support work is not intended to replace the regular service obligations that is part of the job description of every full-time faculty member. Academic Administrators and Deans must ascertain that this is the case before approving compensation for extra academic support work. The policies and procedures outlined in the Full-Time Faculty Handbook for Compensation and Workload must be reviewed prior completing this proposal form.

An RFP and rationale explaining why the project is above and beyond the standard job description and essential job duties must be included with the one-time payment request. Approvals to use this project towards reassigned time must complete in advance of submitting an RFP.

Date: _____ Select One: Closed/Commissioned RFP Open
Is this project part of a Grant? Yes or No Grant Name: _____

Project Originator

First Name: _____ Last Name: _____
Middle Initial: _____ Banner ID: _____

Faculty Member

First Name: _____ Last Name: _____ MI: _____
Service Performed for (Department, Program, Organization etc.): _____

All proposals are due back to the Budget Center/Project Manager no later than: _____

Project Description (Work to be completed, implementation/completion timeline etc.)

Criteria for satisfactory completion of work:

Justification for selection of this faculty member *(for open RFP only):*

Rationale for Academic Support Work with Extra Compensation:

(Faculty, Associate Dean and Dean provide rationale below explaining why this project is above and beyond the standard job description and essential job duties of the faculty member).

Faculty Comments:

Associate Dean Comments:

Dean Comments:

Additional documentation (will be attached to printed PDF)

Index:

Account:

Amount:

Compensation Remuneration: One Time Reassigned Time

Faculty Member Signatures

**By signing below, I agree to the terms above and will satisfactorily complete the work listed for the compensation offered. I also understand that I may not begin work until signed pre-approval has been authorized.*

Faculty Signature

S-Number

Date

PRE-/Approval Signatures

Budget Center Manager

Date

Associate Dean

Date

Dean

Date

Provost (Signature required if over \$5,000)

Date

Post-Approvals Signatures

**I certify that the work described above has been satisfactorily completed in compliance with guidelines and to my satisfaction and thereby is eligible for payment.*

Budget Center Manager

Date

Associate Dean

Date

Dean

Date