

Confirmation of Faculty Stipend for Defined Projects Form

[Date]

Dear [name of full-time faculty member]:

By countersigning on the line provided below, you will indicate your acceptance of the assignment and the proposed stipend payment for the project specified, under the terms stated below, pursuant to the 2017-2023 Collective Bargaining Agreement between The City University of New York and the Professional Staff Congress/CUNY. The terms of the stipend payment are:

Title of the Project to be Completed: _____

Project Start Date: _____

Due Date for Completion: _____

Stipend Payment Amount: _____

To be filled in by Faculty Member:

CUNY ID:¹ _____

City/State ID:² _____

Full-time Faculty Title: _____

I look forward to your successful completion of this important project.

Sincerely,

(Signature of College President or designee)

Accepted: I agree to the terms of the above project.

(Signature of Faculty Member)

Date

Please submit this signed form to the College Office of Academic Affairs/ College Provost

To be filled in by College Provost's Office:

Project Completion Date: _____

Payment Approved on: _____
Date

(Signature of College President or designee)

The Provost's Office should submit this form to the College HR Office as expeditiously as possible; the College HR office will forward the form to University Payroll via Tumbleweed. Payment of the stipend will be made within two pay periods following receipt of this form by University Payroll.

¹ This is your ID, which is used for CUNY first.

² Your City or State ID is found on your paystub.