SAS DIRECT PAYMENT CFL
REPLACEMENT AGREEMENT AND AUTHORIZATION FORM

Append this form to SECTION A of the University CFL Replacement Agreement and Authorization Form.

Requester Name:_____ Department: _____

This agreement is not valid until endorsed by all offices listed. Please keep a copy for your records. Upon final approval, a copy of the completed form will be sent to you for your records. Submit all completed forms, via mail or email, with a copy of the award letter or award documentation to:

School of Arts and Sciences, Human Resources-Academics
Attention: Debbie Elliott
77 Hamilton Street, New Brunswick, NJ 08901
humanresources@sas.rutgers.edu

SECTION B: Requester and Chair/Director Agreement

I am requesting a Competitive Fellowship Leave from _____ to _____ and agree to pay for my replacement or for equivalent resources by direct payment of my fellowship award to Rutgers, The State University of New Jersey. It is understood that all financial arrangements are to be completed **BEFORE** the start of the Competitive Fellowship Leave period.

Total amount of award from funding institution $ _____

In most cases, SAS retains the full amount of the award. If the award is greater than replacement costs and you are requesting a set-aside for necessary research expenses relating to this CFL, a separate "Request for CFL Supplemental Research Funds" must be approved and attached before this form can be authorized. Supplemental research funds are to be used during the period of time while on the competitive fellowship leave. These funds will not be carried over upon the return from leave.

Check one: ☐ No "Request for CFL Funds" submitted ☐ "Request for CFL Funds" attached

Administrative / Financial Contact at Funding Institution:

Institution Name: _____

Contact Name / Phone / Email: _____

Method of direct payment (please select one):

☐Fellowship checks to be made out to "Rutgers, The State University of New Jersey"

☐Funds wired directly to Rutgers / SAS Business Office

☐Check/s to be signed over to Rutgers prior to cashing

☐Payroll Deduction

Requester's Signature:_____ Date: _____

Chair's Endorsement: _____ Date: _____
(Type name below signature)

SECTION C: For SAS Deans' Office Use (after submission): Dean's Endorsement

Division Dean's Endorsement:_____ Date: _____
(Type name below signature)