

**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: Dale Koznecki  
77 Hamilton Street, New Brunswick, NJ 08901  
[humanresources@sas.rutgers.edu](mailto:humanresources@sas.rutgers.edu)

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**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.

**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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

Area Dean's Endorsement: \_\_\_\_\_ Date: \_\_\_\_\_