Montana State University-Northern  
Dislocation Allowance Claim Form  
*(To Be Completed With Travel Expense Form)*

Name: ____________________________________________

Dislocation Allowance per Article 9.20* of the current Collective Bargaining Agreement, is claimed for the following trips:

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<th>Date</th>
<th>Location</th>
<th><strong>Distance</strong></th>
<th>Rate</th>
<th>Amount Due</th>
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**Total Amount Due** __________

I hereby certify that this claim is true and correct and that the amounts shown are due me.

_____________________________  
Employee Signature  
Date

_____________________________  
Approving Supervisor Signature  
Date

Charge to Index Number ____________________________

*9.20 DISLOCATION ALLOWANCE*

Faculty whose class and course assignment, per section 6.11 consists of course(s) offered away from the main campus, shall be given the following additional considerations.

A. a dislocation allowance of twenty (20) cents per mile for each trip shall be added to the faculty member's remuneration for those regularly scheduled classes which are held more than fifty (50) miles from campus. The dislocation allowance shall be calculated on a round trip mileage to and from the class offering(s) based on the state's mileage chart;

B. a faculty member’s load for the semester will reflect the regularly scheduled credits taught on-campus and off-campus.

C. consideration regarding scheduling and classes will be made to include time between offerings, distance of travel and faculty members’ teaching loads; and

D. a faculty member teaching off campus during any given semester as part of regular load will not be required to teach more than a twelve (12) credit load for his/her total assignment for that semester.

This allowance does not apply to supervision or internship classes.

**Distance is calculated on the state mileage chart.*