



**DUAL ASSIGNMENT MILEAGE REIMBURSEMENT WORKSHEET  
FOR USE BY REGULAR FACULTY  
(Reference Article 4.13.3 of Agreement)**

Name: \_\_\_\_\_ Sections taught: \_\_\_\_\_

**“Dual Assignment” is a regular assignment to more than one designated campus/center site during the employee’s regular work week.**

**Dual assignment days and locations: Please attach a separate schedule.**

Primary location: SLO \_\_\_\_\_ NCC \_\_\_\_\_ AGHS \_\_\_\_\_ NHS \_\_\_\_\_

Secondary location: SLO \_\_\_\_\_ NCC \_\_\_\_\_ AGHS \_\_\_\_\_ NHS \_\_\_\_\_ CMC \_\_\_\_\_

Number of miles from home to your secondary campus and return: \_\_\_\_\_ (A)

Number of miles from home to your primary campus and return: \_\_\_\_\_ (B)

Subtract (B) from (A): \_\_\_\_\_ (C)

Number of days traveled to secondary campus: \_\_\_\_\_ (D)

Standard IRS mileage rate for the period: \_\_\_\_\_ (E)  
(Available from Fiscal Services)

Multiply (C) X (D) X (E). This is your reimbursement amount: \$ \_\_\_\_\_

**Attach this worksheet to a Conference Request/Travel Reimbursement Form. Obtain required approvals. Submit the form and supporting documents to the Budget office.**

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**For Office Use Only**

Dual Assignment (Y/N): \_\_\_\_\_ Reimbursement rate: \$ \_\_\_\_\_ per mile.

Tenure or Tenure Track: \_\_\_\_\_

Verification of workdays reported (Y/N): \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_