



SAS - Faculty Summer Salary Authorization Form

To complete this form, click in each box and provide requested information. Please refer to the Faculty Summer Salary Process for instructions on processing such appointments in the RIAS-HR/Payroll system.

Requestor Information and Decanal Endorsement:

Faculty Member's Name: Date:

Employee ID:
Salary:
AY or CY:

Department:
Department ID:

For the purpose of:

List Amount of Pay Below: (for Summer Salary, list by each month individually)

Fund Source	Amount	% Effort	Period/Month (From-To)	Comments (for grants/contracts, indicate funding agency, i.e., NIH, NSF, etc.)
	\$			
	\$			
	\$			
	\$			
	\$			
TOTAL:	\$	%		

Note: Faculty members receiving 3/9^{ths} or 1/11th of their salary are expected to forego vacation during the period coinciding with the work effort; they must affirm in writing that they are not taking any vacation during that time. Under no circumstances may academic or calendar year faculty receive summer compensation exceeding 3/9^{ths} or 1/11th of their respective salary. Faculty members must sign on the line below that reflects their specific situation:

_____ This payment, together with any other summer salary payments I have requested for this summer, does not exceed 2/9^{ths} of my AY salary.

_____ This payment, along with any other summer salary payments I have requested for this summer, exceeds 2/9^{ths} of my AY salary; thus, I will not be taking a vacation during this summer (vacation time is proportionate to the amount of salary beyond 2/9^{ths} you are requesting).

_____ I am on a CY appointment and thus will not be taking a vacation during this summer (vacation time is proportionate to the amount of 1/11th salary you are requesting).

Provide Any Additional Comments Below:

Dean/Director Signature _____ **/Date** _____

Type Dean/Director's Name here: