SAS - Faculty Summer Salary Authorization Form

To complete this form, click in each box and provide requested information. For all state funded summer salary, back up documentation is required for processing. 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)

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>Amount</th>
<th>% Effort</th>
<th>Period/Month (From-To)</th>
<th>Comments (for grants/contracts, indicate funding agency, i.e., NIH, NSF, etc.)</th>
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Note: Faculty members receiving 3/9ths 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 3/9ths 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 2/9ths of my AY salary.

____________________________________ This payment, along with any other summer salary payments I have requested for this summer, exceeds 2/9ths 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 2/9ths 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: Dale Koznecki, Acting Assistant Dean