



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:

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:	\$	%		

Provide Any Additional Comments Below:

I hereby request summer salary for my efforts on behalf of the grants and projects listed above. I understand that I am expected to forego vacation for any period above in which I have indicated 100% effort for the grant or project. I further understand that I may not accept a teaching assignment for the same period in which I have requested summer salary. If I have an academic-year appointment and have requested 3/9ths of my academic-year salary, or I have a calendar-year appointment and have requested 1/11th of my calendar-year salary, I have attached a letter affirming that I will forego all vacation for the summer.

Requestor/Faculty Member _____ **Date** _____

Dean/Director Signature _____/_____

Date

Type Dean/Director's Name here: