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| **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:**

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Faculty Member’s Name: Date:

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| --- |
|  |

Employee ID:

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|  |

Department:

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|  |

Department ID:

**For the purpose of:**

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**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 3/9ths 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. Please attach any “no vacation” letter signed by said faculty member.

**Provide Any Additional Comments Below:**

|  |
| --- |
| Annual salary  |

**Dean/Director Signature** /

 Date

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|  |

Type Dean/Director’s Name here: