



Summer Salary Form for 10 Month Faculty Appointments

Office of Sponsored Programs

Applicability and Instructions

Faculty who have a 10 month appointment and who wish to request 2 full months of summer salary/compensation from externally sponsored projects must verify their understanding and compliance with federal regulations and Rowan policy related to summer salary (months outside their appointment term) and must obtain approval from their Department Chair/Head, Associate Dean or Dean. 1 month of summer salary/compensation is the monthly rate of compensation of the faculty member's Institutional Base Salary (IBS) related to their 10 month appointment.

- 1) Complete the form identifying all the sponsored projects where you will receive summer pay for work performed
- 2) Fill-in the required sections in the Faculty Attestation and Request section
- 3) Input the required details about the sponsored projects on Page 2
- 4) Submit this completed form to your Department Chair/Head, Associate Dean, or Dean for signature and approval
- 5) Attach completed and signed form to non-teaching contract(s) submitted for processing via Banner Self Service Employee Dashboard

Note: The completed and signed form can be reused for each and every non-teaching summer contract submitted for review and approval as long as the sponsored project is listed on this form.

Faculty Attestation and Request

I am requesting two (2) months of summer pay for the summer of _____ (calendar year).

The externally sponsored projects are listed on page 2 of this letter. I understand that requesting 2 full months of salary compensation is related to federal regulations, as promulgated in Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Code of Federal Regulations (CFR) 200, Title 2 – Grants and Agreements.

During the summer period for which I am requesting full summer salary support I will be working full time on and will be performing work directly related to the sponsored projects that are providing summer compensation.

I will not be taking vacation during any of the weeks for which I will be receiving summer salary.

I understand if my summer plans change that I must request, at that time, a corresponding change to my summer compensation, including if I change the amount of time I intend or intended to work on each and any activity/project.

I understand that I must certify per the University's effort certification procedures that I have actually worked on the sponsored research projects during the summer period for which I receive summer salary and for the amount of time for which I have been compensated.

Faculty Name:

Department:

By checking the box, I attest that I understand my summer salary is limited to two (2) full months of salary, and I am not to take vacation during that time. I will request a change in my summer salary if the amount of time were to change, and I will abide by Rowan's policies and procedures.

Department Head/Chair, Associate Dean, or Dean Approval

I agree to this request and understand that the faculty member must meet the associated regulatory and Rowan policy and procedure requirements. A copy of this approved form must be maintained by the faculty and the department.

Department Head/Chair, Associate Dean, or Dean First and Last Name

Department Head/Chair, Associate Dean, or Dean Signature (This is not assignable)

Date

List of Externally Sponsored Projects

<u>Grant ID</u>	<u>Project Title (Short/Abridged version)</u>	<u>Sponsor Name</u>	<u># of months*</u>
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* - **Number of months breakdown** - .25 = 1 week, .50 = 2 weeks, .75 = 3 weeks, 1 = 4 weeks