



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:	\$	%		

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. Please attach any “no vacation” letter signed by said faculty member.

Provide Any Additional Comments Below:

Dean/Director Signature _____/_____
Date

Type Dean/Director's Name here: