**Supplemental Compensation Request Form**

***For extra faculty compensation from sponsored programs***

Requester: Complete Sections A-E. All signatures are required in F. Complete for approval before routing of Proposal Submission Form (RSP 100)

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| **A. FACULTY REQUESTER INFORMATION** |
| **F****aculty Member** |       | **Request Date** |       |
| **Email Address** |       | **College** |  |
| **Phone** |       | **Dept./School** |       |
| **B. PROPOSAL/PROJECT INFORMATION** |
| **Title of Proposal** |       |
| **Sponsor/Funding Agency**  |       |
| **Sponsor/Funding Agency Contact** |       |
| **Project Period** | Start Date:       | End Date:       |
| **RSP Proposal No.** |       | **Banner Index Number** |       |
| **C. PROJECT DESCRIPTION and JUSTIFICATION** (attach additional sheet, if necessary) |
|       |
| **D. PERSONNEL EFFORT and COMPENSATION** |
| **Academic Year Commitment** | **Summer Commitment - 9-month Employees Only** | Academic FTE **(Payroll Use Only)** |
| Do you have a 9- 11- or 12-month appointment? | % effort committed to this project | % of sponsor paid AY effort | % effort committed to other projects during project period | Have you requested release time for work on this project? | Total # summer months of funding requested per year in this proposal | Total # summer months committed yearly to other projects during project period | Total # summer months committed yearly to teaching |  |
| [ ]  9 [ ]  11 [ ]  12 |       |       |       |  [ ]  Yes [ ]  No |       |       |       |       |
| Total Extra Compensation Request | $       | Total Year 1 Extra Compensation | $       |
| **E. OVERLOAD COMPENSATION DESCRIPTION (will be used in Sponsor Authorization Request)\*** |
| **Describe how the work to be performed is outside of your regular departmental workload.** |
|       |
| **Describe how the overload compensation will be for work either across departmental lines or involving a separate or remote location.** |
|       |
| **Are you represented by the faculty union (AAUP)?** [ ]  Yes [ ]  No |
| **Have you budgeted graduate student stipend support (direct costs) in excess of your extra compensation request?** [ ]  Yes [ ]  No |
| **F. CERTIFICATION AND APPROVAL TO REQUEST SPONSOR REVIEW** |
| I certify that the services to be performed are in addition to the normal workload duties and responsibilities. The information provided is true, complete, and provides an accurate representation of this project. Total overload compensation will not exceed 8 hours additional work per week (20%) during period of academic appointment, and this work will not conflict with regular University duties and assignments. |
|  |  |  |
| **Signature of Faculty Member Date****Requesting Supplemental Compensation** |  | **Chair Signature Date** |
|  |  |  |
| **Principal Investigator Signature Date****(if different than faculty member)** |  | **Dean Signature Date** |
|  |  |  |
| **Principal Investigator Name (Print)** |  | **Provost Signature Date** |
| **G. COMPLIANCE WITH CIRCULAR, 2 CFR PART 200 AND SPONSOR GUIDELINES** |
| I approve submission to sponsor for review and determination of federal, state, local and sponsor compliance. |
|  [ ]  Yes [ ]  No |  |  [ ]  Yes [ ]  No |
| **Contract/ Grants Designated Representative Date** |  | **Vice President for Research Date** |
| **Sponsor Authorization Requested** |  [ ]  Yes [ ]  No | **Sponsor Authorization Approved** |  [ ]  Yes [ ]  No |
| **Forward this original signed and completed form to the Director of Sponsored Programs at dirsponsprogs@utoledo.edu.**Sponsor Approval/Denial will be sent to the requestor, department chair and college dean. |

**\*Attach Budget using UT Internal Budget Template and Budget Justification.**