

COLLEGE OF AGRICULTURAL SCIENCES

36-WEEK SUPPLEMENTAL SALARY REQUEST

Fiscal Year

<input type="checkbox"/>	New Request
<input type="checkbox"/>	Additional Request to Previously Submitted Request

A letter of justification will be required for requests that are submitted more than 30 days late.

I, _____
 Faculty Name _____ Email _____ PSU ID Number _____

request supplemental salary for the months and amounts indicated below:

Total Supplemental Request			

Source of funds (use a new form for each fund):

	_____	_____	_____	_____	_____
	budget	fund	cost center	sub-object	end date
Approved	_____				Date _____
	Funding Budget Unit Leader or Dean if Dean's Budget				
Approved	_____				Date _____
	*Principal Investigator				
*This includes Principal Investigator signatures from outside colleges					

In accordance with policy OMB Circular A-21, I understand that if I request supplemental pay for effort while off contract that 100% of my effort will be expended on the named award(s). Time spent on departmental activities, leave (vacation), writing proposals, working on other projects, and other similar activities would be disallowed. Other work during the summer pay period must be minimal and cannot materially impact on my ability to satisfy my contractual obligations on the sponsored program(s).

I understand that I am not entitled to 100% supplement pay if I am not able to devote 100% of my effort to my sponsored projects and will notify my Department Head and Angie Auman in writing of any subsequent changes to my above supplemental request(s) within 30 days. Disallowances of supplemental salary requests may require personal repayment.

Signed _____ Date _____
 Faculty Member

Approved _____ Date _____
 Unit Leader