



36-WEEK SUPPLEMENTAL SALARY REQUEST
FISCAL YEAR:

<input type="checkbox"/>	New Request
<input type="checkbox"/>	Addition to previous request

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

Faculty Name: _____ PSU IdNumber: _____

Supplemental Salary requested for the months, amounts and paid from the IO as indicated below:

July _____	August _____	September _____
Pay from: _____	Pay from: _____	Pay from: _____
Pay from: _____	Pay from: _____	Pay from: _____
Pay from: _____	Pay from: _____	Pay from: _____

October _____	November _____	December _____
Pay from: _____	Pay from: _____	Pay from: _____
Pay from: _____	Pay from: _____	Pay from: _____
Pay from: _____	Pay from: _____	Pay from: _____

January _____	February _____	March _____
Pay from: _____	Pay from: _____	Pay from: _____
Pay from: _____	Pay from: _____	Pay from: _____
Pay from: _____	Pay from: _____	Pay from: _____

April _____	May _____	June _____
Pay from: _____	Pay from: _____	Pay from: _____
Pay from: _____	Pay from: _____	Pay from: _____
Pay from: _____	Pay from: _____	Pay from: _____

Total Supplemental Request _____ Number of weeks requested: _____

In accordance with the [Uniform Guidance Cost Principles](#), 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 Administrative Services in writing of any subsequent changes to my above supplemental request(s) within 30 days. Disallowances of supplemental salary requests may require personal repayment.

Signature: _____
Faculty Member

Date: _____

Approved: _____
Dept. Head / Unit Leader

Date: _____