

FACULTY SUMMER SALARY REQUEST FORM (FOR DEPARTMENT FILES)



Date: _____

REVISION (circle changes)

Department: _____

SECTION I. EMPLOYEE INFORMATION

Name: _____
Last
First
MI

Rank/Title: Professor Assistant Professor
 Associate Professor Other (*please specify*): _____

SECTION II. SUMMER SALARY CALCULATION

- 1: A = Academic year (AY) salary for year beginning July 1: \$ _____
 2: B = Salary for one summer month = A/9: \$ _____
 3: C = Total summer salary (\$) requested: \$ _____
 4: D = Total summer salary (months) requested = C/B = \$ _____ (max = 2.5 months)

SECTION III. SUMMER SALARY CERTIFICATION

During the period from June 1, _____ to August 31, _____, I will devote _____ (may not exceed 2.5) months to work supported by University initiatives and/or sponsored projects. My effort will be allocated as follows (no more than 2.0 months may be allocated to department accounts):

<i>Amount</i>	<i>Start Date</i>	<i>End Date</i>	<i>Dept</i>	<i>Fund</i>	<i>Program</i>	<i>Site</i>	<i>Project</i>	<i>Activity</i>
---------------	-------------------	-----------------	-------------	-------------	----------------	-------------	----------------	-----------------

*Questions regarding use of COA should be addressed to the Office of the Dean of the Faculty (Kuefe Gayibor, kgayibor@princeton.edu, 8-3023; or Hema Suri, hsuri@princeton.edu, 8-4121).

<i>Faculty Member</i>	<i>Date</i>
-----------------------	-------------

<i>Department Chair</i>	<i>Date</i>
-------------------------	-------------

<i>Program/Center Director (if any of funding is from Program/Center account)</i>	<i>Date</i>
---	-------------