Summer Additional Compensation Form
for Academic Year Faculty
University of Massachusetts – Amherst

EmplID _____ Rcd _____
8 digits

The purpose of this form is to grant approval and authorize payment for additional compensation for faculty members who have academic year (9-month) appointments during the period between commencement and August 31. refer to the Additional compensation Policy and guidelines on the reverse side of this form. Submit the completed form to the Division of Human Resources.

SECTION A: To be completed by the Funding Department

Faculty Name _____ Faculty Title _____

Home Dept. Name _____ Funding Dept Name _____

Appointment Period From: _____ To: _____

Recommended Bi-Weekly Ad Comp $_____ X _____ = Total Recommended Ad Comp $_____
# of biweekly payperiods

Current Annual Salary (FTE) $ _____

Funding: HR Combo Code _____ Fund _____

Dept ID _____ Project/Grant _____

Type of Funds:
- ☐ Federal/State Grant/Contract
- ☐ NSF
- ☐ Private Grant/Contract
- ☐ Other

_____
Principal Investigator Signature

1. Is total summer additional compensation expected to exceed 33% of annual salary? If yes then NO effort may be budgeted or charged to federal or state grants/contracts during the summer period (Attach copy of award page). ☐ Yes ☐ No
2. Does total additional compensation for the calendar year from all sources exceed 33% of annual salary? If yes then approval of the Provost, with the concurrence of the Chancellor, is required. ☐ Yes ☐ No

Description of Services:

APPROVED BY:

_____ _____ _____ _____
Department Head/Director Date Dean/Vice Chancellor Date

Form Prepared By: _____ Email: _____ Phone# _____ Date: _____

SECTION B: To be completed by the Home Department

Additional Compensation for this faculty member is: ☐ APPROVED ☐ DISAPPROVED

_____ _____ _____ _____
Department Head/Director Date Dean/Vice Chancellor Date

SECTION C: To be completed by Human Resources and Controller's Office

HR Use Only				
CONTROLLER USE	Acct Cd	Amt	Date	By