



REQUEST FOR EXCEPTION TO LIMIT ON SUMMER APPOINTMENT - Attachment I

Academic Employee Name _____

I hereby request permission to be employed by the University for the following summer period and to receive compensation at the rate per month of 1/9 of the full-time rate paid for services required during the preceding academic year. This service will be in addition to my academic year appointment and summer appointments at the salary maximum of 2/9 of my academic year salary. [NOTE: Academic professional staff members who are working on a 10-month basis may receive compensation at the rate of 1/10 of the full-time rate for an additional "summer" month appointment. If the appointment exceeds one month and an additional 1/10 in salary, please complete below.] The full period is:

From: _____ To: _____ At: _____ % of full time service

Reasons why the work requires my active participation for the entire period stated above (continue on attached sheets if necessary):

I certify that:

- a. All of my regular University obligations will be fully met.
- b. Work will be performed during the period for which compensation is requested.
- c. Funds are available to pay the proposed summer appointment and the work to be performed will be consistent with the objectives of the work approved by the sponsor.
- d. Any rebudgeting of available funds to permit this appointment does not interfere with previous commitments to student support, equipment, acquisitions, services needed, etc.
- e. The rules of the sponsor providing the funding permit the proposed appointment. (Note that NSF does not permit an exception to more than two-ninths summer support except in "truly unusual" case.)

I understand that my professional efforts during the period of the appointment must comply with university policies and be related to the project(s) supporting my appointment.

I also understand that this appointment will be incorporated into my Activity Effort Plan entered in the campus system for documentation of compensation for personal services.

Signature of Academic Employee

Date

_____ Approved _____ Not Approved

If not approved, which of the above stated conditions do you believe will not be fulfilled, and why?

Department Head/Unit Executive Officer

Date

_____ Approved _____ Not Approved

If not approved, which of the above stated conditions do you believe will not be fulfilled, and why?

Dean/Vice Chancellor

Date