



Faculty Name

Faculty ID #

1. Please identify the salary type for this request:

2. Please fill in the below information for the applicable grant(s):

**Grant #1**

Oracle Department

Oracle Designation

Sponsor

Award Period to

Amount requested

Work Start/End Dates to

Percent Effort

Grant Pays Full Benefits?

**Grant #2 (if applicable)**

Oracle Department

Oracle Designation

Sponsor

Award Period to

Amount requested

Work Start/End Dates to

Percent Effort

Grant Pays Full Benefits?

**2a. COMPLETE THIS SECTION ONLY IF YOU SELECTED "SUMMER SALARY" IN RESPONSE TO QUESTION 1**

Total Months of Summer Salary Requested\*

Total Months of Summer Salary Requested\*

Add'l Uncompensated Effort\*\*

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VPAA Approved > 2 Summer Months?

VPAA Approved > 2 Summer Months?

\*Summer is defined as the equivalent of two months unless the VOAA has approved 2.5 months. 100% Summer Salary may not exceed 2/9th previous academic year salary (or 2.5/9ths if approved by VPAA). \*\*If grant requires effort to be documented, indicate number of months of unpaid summer effort.

**I certify that the above figures accurately represent the minimum total effort that I plan to work on the above grant(s) indicated during the time period indicated.**

Principal Investigator / Proj. Director Date

Human Resources Office Date

Controller's Office Date

Other (if required) Date

**FOR ADMINISTRATIVE USE ONLY**

Grant #1 EDORDA

Grant #2 EDORDA

Payroll Period(s) Covered: through

Payroll Period(s) Covered: through

% Effort - AY % Effort - Grant Period

% Effort - AY % Effort - Grant Period