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| 1801 N. Broad Street Phone: 215-204-6875  Conwell Hall, Suite 401 Fax: 215-204-4609  Philadelphia, PA 19122 |

**Faculty Summer Salary Certification**

Faculty who wish to request more than 2.5 months of summer salary from sponsored projects must verify their compliance with sponsor guidelines and Temple policy regarding summer salary compensation, including explicit permission from his/her Dean. Please submit this completed form to Caristine Earl-Prince at [caristine.earl-prince@temple.edu](mailto:caristine.earl-prince@temple.edu).

I am requesting more the 2.5 months of summer pay for 2021 from the sources listed below. I understand the policies and regulations regarding summer compensation, including those specifically noted below:

* I will be working full-time from June – August 2021 and will be performing work directly related to the sponsored projects that are providing summer compensation.
* I will not be taking vacation during any of the weeks for which I will be receiving summer salary.
* I understand if my summer plans change that I must request, at that time, a corresponding change to my summer compensation, including if my plans change so that I will not actually work the amount of time I intended to on each activity/project.
* I understand that I must certify per the University’s effort certification procedures that I have actually worked on the sponsored research projects during the summer period for which I receive summer salary and for the amount of time for which I have been compensated.
* I understand that summer salary (June, July, and August) is based on my annual salary as of June 30th.
* I confirm that I am able to perform the work required to fulfil my research obligations during the COVID-19 pandemic in accordance with University policy and will adhere to the four pillars of public health.

Enter the sponsored projects supporting summer salary and the anticipated effort per project:

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| --- | --- | --- | --- | --- |
| **FOAP** | **Award Title** | **June %** | **July %** | **August %** |
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| **Total** |  |  |  |  |

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Faculty Name Annual Salary as of June 30th

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Faculty Signature Date

I agree to this request and understand that the faculty member must meet the associated regulatory and policy requirements. I confirm the PI is able to perform the work required to fulfil his/her research obligations during the COVID-19 pandemic in accordance with University policy and will adhere to the four pillars of public health.

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Dean Signature (this signature is not assignable) Date