

### Faculty Summer Salary Certification

Faculty that intend to request more than 2.5 months of summer salary that includes any 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 Stephen Kosciolk at [Stephen.kosciolk@temple.edu](mailto:Stephen.kosciolk@temple.edu).

I am requesting more than 2.5 months of summer pay for 2024 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 2024 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 30<sup>th</sup>.
- I confirm that I am able to perform the work required to fulfill 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:

FOAP	Award Title	June %	July %	August %
<b>Total</b>				

\_\_\_\_\_  
Faculty Name

\_\_\_\_\_  
Annual Salary as of June 30<sup>th</sup>

\_\_\_\_\_  
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.

\_\_\_\_\_  
Dean Signature (this signature is not assignable)

\_\_\_\_\_  
Date