# OFFICE OF SPONSORED PROGRAMS (OSP)

# FACULTY SUMMER - GEF (Grant Employment Form)

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| **Faculty Name**: |  | **TCU ID#**: |  |

**Describe the role the faculty member will/has complete(d) over the summer on the specific project to be charged:**

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| --- | --- | --- | --- |
| Beginning Date: |  | Ending Date |  |

*The beginning and ending date for summer salary should be within the current summer calendar, typically from May 15 through August 15.*

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| --- | --- |
| **Base Salary**: *amount on faculty member’s annual appointment/salary letter. For consistency with Academic Affairs Administrative Handbook, Compensation Policy for Summer Teaching section A.1.b. Base salaries utilized for determining summer teaching compensation shall be those as set for the fiscal year in which the summer term falls.* | $ |
| **Monthly Base Salary:** *base salary divided by 9* | $ |
| **The percentage of time employee will devote to this project during the period**:  *Used to calculate the total amount paid over the summer from the project; should be percent of time. Please note, if you intend to devote 100% or 3 full summer months you should ensure no other activities such as committee work, proposal development or teaching is occurring at the same time. If work was completed prior to summer, include in the description above.* | % |
| **Monthly Summer Salary:** *monthly base salary above multiplied by percent of time on the project* | $ |
| **Number of months on project in summer:** *number of 30 day periods – may include partial months* | # |
| **Total dollar amount to be paid from project for summer**: *monthly summer salary multiplied by the number of months on the project in summer* | $ |

**Budget codes to charge salary against:**

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| --- | --- | --- | --- |
| **Account** | **Department** | **Fund** | **Project** |
| **6111** |  |  |  |
| Name of project PI: | | | |
| **PI** Approval Signature: | | | Date Signed: |
| ***PI:*** *My signature represents my approval of this salary charge on the above project number and concurs that the role described above is necessary for the completion of the project goals and objectives.* | | | |

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| Name of person completing this form and extension: | | | |
| Name of faculty member’s supervisor: | | | |
| Supervisor’s TCU ID#: | Supervisor TCU Ext: | | |
|  | | | |
| **Faculty Member Chair** Approval Signature: | | Date Signed: |  |
| ***Chair****: My signature represents my approval of payment for summer salary for the faculty member and confirms that the faculty member does not have conflicting departmental commitments for the summer.* | | | |
|  | | | |
| **Faculty Member Dean** Approval Signature: | | Date Signed: |  |
| ***Dean:*** *My signature represents my approval of payment for summer salary for the faculty member and confirms that the faculty member does not have conflicting school, college or institutional commitments for the summer.* | | | |

**OSP and Research Accounting Review and Approvals: Date Received in OSP:**

*OSP and RA staff initials indicate they have completed the compliance reviews/tasks and the salary expense is allowable*

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|  | Confirm salary rates and calculations |  | Determine the current summer earning code (either stipend or admin) for work performed and fringe benefit application | | |
|  | Confirm hire date for fringe benefit rate application |  | PAF completed in accordance with information contained in this form | | |
|  | Review current available balance in project budget and process budget revision if necessary |  | Review sponsor guidelines for allowability | | |
| **Approval Signature Associate Provost for Research:** | | | | Date Signed: |  |
| **Approval Signature of Research Accounting** | | | | Date Signed: |  |