

College of Natural and Agricultural Sciences
2019 UCR Additional Compensation Exceptional Requests
Fiscal-Year Appointees and/or Cooperative Extension
Specialists

Name: _____ Dept.: _____

Title: _____

I request additional compensation under [Academic Personnel Manual Policy 600-14-c](#) for work that I will perform during my vacation (see below for FY appointees & CE Specialists¹). I understand that compensation from State general funds is not permitted, and agree to forfeit the number of vacation days that correspond to the days for which I will receive compensation, and may not exceed these proportions of annual salary^{2, 3}.

- Fiscal-year (FY) appointees may receive additional compensation for up to 1/12 salary. This is effective for appointments made July 1, 2014 or later. Those appointed prior to July 1, 2014 are eligible for payments up to 1/11 salary.
- 100% Cooperative Extension (CE) Specialists may receive additional compensation for up to 1/12 salary.

Section 1: Exception Description (To be completed by the Faculty/PI)

Please describe the exceptional circumstances necessitating this work:

a.) I will perform the work described above starting _____ and ending _____

b.) The number of accrued vacation days to be deducted from my vacation balance is:

c.) FAU's and dates to be charged:

MONTH	FUND NAME & FAU (i.e. NIH, AXXXX -19900-XX-XXXX)	PERCENT
		%
		%
		%
		%
		%

d.) Is any FAU above a sponsored project⁴? Yes ☐ No ☐

e.) Is any FAU above National Institutes of Health (NIH) funding? Yes ☐ No ☐

I certify the information above is correct

Faculty/PI Signature

Date

Route form to your Department Financial Analyst

Section 2: Funding Information (To be completed by the Department Financial Analyst)

I&R/OR Calculation: Annual Rate \$ _____ Divided by 11 = Monthly Rate: \$ _____
(appointed prior to July 1, 2014)

I&R/OR Calculation: Annual Rate \$ _____ Divided by 12 = Monthly Rate: \$ _____
(appointed on or after July 1, 2014)

100% CE Calculation: Annual Rate \$ _____ Divided by 12 = Monthly Rate: \$ _____

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Section 3: NIH Funding Only (To be completed if marked 'Yes' on Section 1.e.)

a.) What is the applicable NIH monthly salary cap? \$ _____ What is the award issue date? _____
(See NIH Salary Cap: http://grants.nih.gov/grants/policy/salcap_summary.htm)

b.) Does the Monthly Rate exceed NIH monthly Cap? Yes ☐ No ☐ (If No, sign, date, and proceed to section 4)

c.) If yes, is compensation being requested in excess of the NIH monthly salary cap? Yes ☐ No ☐
(If No, sign, date, and proceed to section 4)

If yes, provide supplemental funding FAU: _____

d.) Salary Amount charged to NIH: \$ _____ Salary Amount charged to Supplemental Funding: \$ _____

Reviewed by: _____
Department Financial Analyst Date

Section 4: Exception Approval

Department Chair Date
(After signing, route to Dean's Office, Academic Personnel Service Unit)

Dean Date

¹CE Specialists- please consult with your Academic Personnel Service Unit (APSU) Analyst to determine your eligibility.

²CE Specialists- the additional compensation must come from extramural grants, based on an approved budget which includes PI summer compensation. No state or commodity funds (including endowment payout or various donor funds) may be used.

³The use of State general funds (19900) is prohibited. Various donor funds may be used. Extramural funds may be used only if additional compensation has been budgeted or written by exception.

⁴Sponsored Project Certification: I understand that any percentage of time charged to a sponsored project requires me to be exclusively engaged in the research project for the same percentage of time.

DEAN'S OFFICE USE ONLY	
Number of vacation days available in UCPath _____	
Number of vacation days to be deducted: total workdays _____ Minus campus holidays x _____ % = _____	
Job Code: _____	Earn Code _____ Monthly Salary Rate \$ _____
NAPSU Quality Review: _____	
Name _____	Date _____
REMINDER FOR DEPARTMENT REVIEWERS	
NIH Funds: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, NIH Monthly Salary Cap: \$ _____	Supplemental Rate: _____
Award Date: _____	FAU's Verified: _____

Send approved copies to: Requestor, Department Chair, Department AP staff, Financial Analyst and NAPSU pod.