|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Department: |  | Title: |  |

In accordance with [Academic Personnel Summer Salary guidelines,](http://academicpersonnel.ucr.edu/compensation/UCR_summer_salary_compensation_guidelines_Final.pdf) compensation may be paid for employment during the summer service period.

* Ladder-rank faculty may be compensated up to a maximum of three-ninths, or one-third of the individual's academic-year annual salary rate for activities assigned during the summer (June-September).
* The maximum three-ninths total includes all UC paid summer compensation for summer session teaching, administrative appointments and research ninths. **(June = 0.5263, July = 1.1579; August = 1.1579, September 0.7368)**
* Prior to paying summer salary compensation, care must be taken by the department to ensure that previously paid or scheduled summer salary compensation does not put the academic appointee over the three-ninths maximum.

**Section 1: (To be completed by academic appointee) I request summer salary compensation as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
| **MONTH\*** | **FUND NAME & FAU** (i.e. NIH, AXXXX -19900-XX-XXXX) | **Yes/No if fund falls under NIH Salary Cap**  **+Yes - Complete Section 2 Below** | **PERCENT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\* The combined percentages paid for June and September must not exceed 100% when compensation for both July and August are at 100%, and cannot exceed 3/9ths or 57 days for the summer period****. Note: Rate increases effective July 1, 2019 will not be considered in the June request****.*

I currently have a 2018-2019 merit or promotion pending. Yes  No

Are any FAU’s listed above a sponsored project1? Yes  No Any FAU’s listed above have an NIH or other Salary Cap? Yes  No  ***If yes, complete section 2 below; if answer is No, go directly to Section 3****).*

|  |  |  |  |
| --- | --- | --- | --- |
| **I certify the information above is correct** |  |  | |
|  | *Academic Appointee Signature* | | *Date* |

# Complete Section 2 only if grant has any Salary Cap.

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a.) | Calculation: Annual Rate | $ | | | | Divided by 9 = Monthly Rate | | $ | | |
| b.) | What is the applicable NIH monthly salary cap? | | | | | $ | What is the award issue date? | |  | |
| c.) | Does the Monthly Rate exceed NIH monthly Cap? Yes  No | | | | | | | | | |
| d.) | If yes, is compensation being requested in excess of the NIH monthly salary cap? Yes  No | | | | | | | | | |
|  | If yes, provide supplemental funding FAU: | | |  | | | | | | |
| e.) | Salary Amount charged to NIH: | | $ | | Salary Amount charged to Supplemental Funding: | | | | | $ |

**Section 3: (To be completed by the Department Financial Analyst)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed by:** |  |  | |
|  | *Department Financial Analyst* | | *Date* |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APSU ANALYST TO COMPLETE - OFFICE USE ONLY – Forward via email to appropriate NAPSUpod** | | | | | | | | | | | | | |
| Empl ID: |  | | Job Code: |  | ERN Code: | | | |  | 1/9th Rate: | |  |  |
| APSU Analyst: | |  | | | | Date: |  | | | |  | | |
|  | |  | | | |  | |  | | | | | |

Sponsored 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.

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