

Faculty Appointment **Form** (Additional Compensation)

Faculty Contact/Project Information		Institutional Base Salary, Faculty Time Base & Calculation	
Last/First Name: _____		<input type="checkbox"/> Academic/Calendar Year: A. Academic/Annual Salary \$ _____ B. Est. Hourly Rate (A / 1360 hrs) \$ _____ C. Total AY Payment \$ _____ D. Total Hours of Effort (C / B) _____ E. AY % for Compensation (D / 1360) _____ %	
E-mail: _____		<input type="checkbox"/> Summer: A. Summer Salary (AY Salary / 3) \$ _____ B. Est. Hourly Rate (AY Salary/1360) \$ _____ C. Total Summer Payment \$ _____ D. Total Hours of Effort (C / B) _____ E. Summer % for Compensation (C / A) _____ %	
Phone: _____			
Additional Compensation period: _____			
Program/ Project Title: _____			
Chartfield: _____			
By signing below the employee is certifying that the information stated on this document is correct to the best of his/her knowledge.			
Payment Recipient's Signature:	Date		
PI/Account Holder's Signature:	Date		
Department Chair Approval:	Date		
College Dean Approval:	Date		
ORSP Approval:	Date		

Notes:

Spreadsheet # _____