**University of Connecticut Department of Human Resources**

**CURRENT FACULTY SUMMER RESEARCH CERTIFICATION** March 2024

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| **Name** |  | **Department** |  |
| **Appointment** |  | **Summer Dates** |  | **Amount** |  |

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| --- |
| **Funding Source(s)** |
| **KFS #** | **Dist (%)** | **Dates for Pay (if different from Summer Appointment Dates)** |
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| **Sponsored Project Summer Salary** (see [SPS website for charging guidance)](https://ovpr.uconn.edu/services/sps/award-management/expenditures/)Generally, salary charged to a sponsored project has to correspond to the effort devoted exclusively to the project. Certain activities are typically not allowed as a direct charge such as preparing competitive proposals, peer reviews, consulting, and administrative duties. In the case of 9- and 10-month faculty who plan to be funded 100% on externally sponsored awards for the entire summer (e.g. 13 weeks for 9 month), the OVPR will fund one half (1/2) of one week of salary to better facilitate non-sponsored activities and compliance with federal regulations. To request this support, allocate one half (1/2) of one week of summer salary to KFS #4645460, and one half (1/2) of one week of summer salary to another non-sponsored account (such as an IDC account) and route this form through Research Finance at researchfinance@uconn.edu. |

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| **Description of Work to be Performed** |
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| **Location(s) where work will be performed (note any travel or other reasons for absence during the period)** |
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**Agreement to Waive Compensation**
Faculty may waive compensation and remit funds to any unrestricted University account, provided it meets the guidelines described in Section 5 of the [Procedures for the Faculty Compensation Policy](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprovost.uconn.edu%2Ffaculty-and-staff-resources%2Ffaculty-compensation-resources%2Fprocedures-for-policy-on-faculty-compensation%2F&data=05%7C01%7Cheather.carpenter%40uconn.edu%7Ca3e899cc9aa64718bafc08dbe4a011ca%7C17f1a87e2a254eaab9df9d439034b080%7C0%7C0%7C638355148373118683%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2BVEvzizqzSIDnlQoWsSrUQy8xo27Tpnub9Y61s%2BlSVE%3D&reserved=0). A faculty member who chooses to waive compensation for an assignment must complete this and submit it to HR before any work begins.

***To be completed by the faculty member (must select one):***

[ ] I elect to waive compensation for the above activity that exceeds my 12-month equivalent and would like it to instead be remitted to a University account that meets the required criteria (most common).

[ ]  I elect to waive all compensation for the above activity and would like it to instead be remitted to a University account that meets the required criteria.

[ ]  I do not elect to waive any compensation for the above activity. NOTE: If compensation exceeds earnings cap and this option is selected, compensation will not be earned above the 12-month equivalent and the funds will not be remitted to a faculty account (least common).

**I understand that before any waived compensation is remitted to a University account, I will need to also submit a Waived Compensation Transaction Request Form to Human Resources once the stipend amount for this activity is determined.**

**Acceptance**

I understand that this compensation will count towards my 12/12ths earnings maximum for the current academic year and is contingent upon my having extra earnings capacity. If I have already met or exceeded my 12/12ths compensation maximum, I will not receive extra compensation for this assignment. I will refer to the University’s Policy on Faculty Compensation at <http://policy.uconn.edu/?p=366> if I have questions. I confirm salary charged to a sponsored project will correspond to the effort devoted exclusively to the activities supported by the project, or as allowed by the sponsor.

# **Employee Signature Date**

# **Dean, Director, Department Head, Principal Investigator Date**

# **OVPR/Research Finance** (required when requesting one week of summer support)  **Date**

*NOTE: Employee Signature and Authorized Signature must be different.*