



REQUEST FOR EXCEPTION TO THE LIMIT ON SUMMER APPOINTMENT*

To: Unit Executive Officer

I, _____, hereby request permission to be employed by the University for the following summer period in addition to my academic year appointment:

From: _____ to: _____ at: _____ % time.

I certify that the work will be performed during the period for which compensation is requested.

I understand that this summer appointment decreases or eliminates my vacation time for the year.

I also understand that this appointment will be incorporated in the Faculty Activity Analysis System for documentation of compensation for personal services.

Signature _____ Date _____

Approvals:

Unit Executive Officer, Home Department _____ Date _____ Dean, Home College _____ Date _____

Additional Approvals, if applicable**:

Unit Executive Officer, Appointing Department _____ Date _____ Dean, Appointing College _____ Date _____

Additional Approvals, GRANT FUNDED ONLY:

I certify that:

- a. Funds are available to pay the proposed summer appointment and that the work to be performed will be consistent with the objectives of the work approved by the sponsor.
b. Any re-budgeting of available funds to permit this appointment will not interfere with previous commitments to student support, equipment acquisition, service contracts, etc.
c. If funds are from an external sponsor, the sponsor's rules permit the proposed appointment.

Principal Investigator's Signature _____ Date _____

*This form is required for faculty who exceed 2/9ths summer @ 100% rate. It is also required for graduate students who held an appointment of 50% or more for the prior academic year (fall & spring) and who exceed 2/9ths summer @ 67% rate. This form must be submitted/retained at the departmental, college, or administrative unit level as required.

**This applies to individuals who are being employed in a unit outside of their home unit for the summer.