

March 8, 2011

To: ECE Faculty

From: Erica Plys
Assistant to the Department Head

RE: Summer Appointments, 2011

We will begin processing summer appointments very soon. If you have a grant/contract with funds budgeted for your summer salary, please complete item number 4 and 5 below. If you are interested in teaching a course, please complete item 3 below. **Everyone MUST complete this form. Please return it to me no later than Friday, March 11th for teaching and those requesting more than 2 months and Friday, March 24th for all others.**

Courses to be offered this summer are as follows (depending on enrollment figures)

225 267 310 311 340 341

Name: _____ Signature: _____

1. I will not be on campus this summer.
2. I will be on campus but I am not interested in teaching.
3. I am interested in teaching one or two courses.
1. _____ 2. _____ 3. _____ 4. _____
(Please list at least two courses)
4. I have department commitment for one/two month(s) support: _____
5. I wish to have my summer salary charges in the following manner:

<u>Number of Months</u>	<u>Percent</u>	<u>Account No. (source of funds)</u>	<u>Account Title</u>
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NOTE: All appointments over two months must:

- a. be approved for in the grant
- b. receive prior written approval by the Department, College and Vice Chancellor's Office

If paid for more than two months, please fill out request for Exception to Summer Appointment Request form which is attached.

Cc: Dr. Mitra Dutta
Dr. Vladimir Goncharoff
Dr. Derong Liu

REQUEST FOR EXCEPTION TO THE LIMIT ON SUMMER APPOINTMENT*

To: Unit Executive Officer

I, _____, hereby request permission to be employed by the
(Name, typed or printed)
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.