

**Cornell University**  
**Summer Salary Request and Attestation**

Faculty who wish to request more than 2.5 months of summer salary must verify their compliance with guiding federal regulations and Cornell policy regarding summer salary compensation from sponsored funds, and under that policy must obtain explicit permission from his/her Dean.

Please submit this completed form to your Dean for approval. Departments must receive an approved copy of this form prior to processing the summer salary request and must maintain a copy of the form with the corresponding appointment records.

Attach the details of your summer salary request including account numbers, source of funds (NIH, NSF, summer session, etc.), and the corresponding pay periods and type of activity for which you are requesting compensation (research, teaching, etc.).

Faculty Name \_\_\_\_\_ Department \_\_\_\_\_

I am requesting more than 2.5 months of summer pay for the upcoming summer from the sources listed on the attached. I understand the policies and regulations regarding summer compensation, including those specifically noted below.

During the summer period for which I am requesting salary support I will be working full-time and will be performing work directly related to the sponsored projects and any other university activities that are providing my summer compensation.

I will not be taking vacation during any of the weeks for which I will be receiving summer salary.

During the weeks for which I will be receiving summer salary from sponsored funds I will not spend any time, including evenings and weekends, writing proposals for future funding unless a portion of my summer pay, as noted on the attached, is specifically for proposal writing effort and is an allowable expense on this source of funds.

I understand if my summer plans change that I must request, at that time, a corresponding change to my summer compensation, including if my plans change so that I will not actually work the amount of time I intended on each activity/project.

I understand that I must certify during the university's annual effort certification process that I have actually worked on the sponsored research projects during the summer period for which I receive summer salary and for the amount of time that I have been compensated.

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

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I agree to this request and understand that the faculty member must meet the associated regulatory and policy requirements. A copy of this approved form will be maintained by the department.

\_\_\_\_\_  
Dean Signature (*this signature authority is not assignable*)

\_\_\_\_\_  
Date

Forward copy of approved form and attached salary detail to faculty member's department and OSP