

UNIVERSITY OF NEW HAMPSHIRE

REQUEST FOR APPROVAL OF FACULTY SUPPLEMENTAL EFFORT AND PAY

Faculty Member's Name: \_\_\_\_\_

Home Department and College: \_\_\_\_\_

Proposed Project Title (course or activity): \_\_\_\_\_

External Sponsor (if any): \_\_\_\_\_

Proposed Project/Course/Activity Period (start date/end date): \_\_\_\_\_

Proposed Supplemental Time Commitment During Regular Appointment Period\*: \_\_\_\_\_ days

Proposed Supplemental Time Commitment During Summer Period (AY faculty only): \_\_\_\_\_ days

Total Supplemental Pay Amount Requested: \$ \_\_\_\_\_

UNH Account to Fund This Project/Course/Activity: \_\_\_\_\_

Briefly define the regular duties and responsibilities for which you receive your University salary (e.g., number of courses taught each semester, research activities, committee work, etc.). If your appointment is academic year and supplemental pay is being requested for effort beyond your full-time USNH summer period duties and responsibilities, please define those full-time duties and responsibilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your proposed activity and explain how it is in addition to your full-time USNH-compensated duties and responsibilities. If a Federally-sponsored project will be charged, you must also address how this effort **differs** from your USNH-compensated activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Dept. Head's Endorsement: \_\_\_\_\_

Signature

Date

Dean's Approval: \_\_\_\_\_

Signature

Date

Hiring Dept. Approval, If Different  
From Home Dept. \_\_\_\_\_

Signature

Date

\*Regular appointment period is normally either an academic year (AY) or fiscal year (FY).

Distribution: College BSC; Office of Sponsored Research, if applicable

Form Est. 11/00, Revised 8/01 and 9/01