

**APPROVAL FOR PROFESSIONAL ACTIVITIES  
IN ADDITION TO THE REGULAR UNIVERSITY ASSIGNMENT:  
A. SUPPLEMENTAL RESEARCH COMPENSATION**

September 20 \_\_\_\_ - August 20 \_\_\_\_

Date \_\_\_\_\_

Approvals indicated below from the Department Chair and Dean are to be obtained by faculty and submitted to the Office of Research and Creative Activities prior to beginning the work. This ensures coordination of regular BYU responsibilities with additional supplemental research activity. (See back for a summary of the criteria to follow in approving supplemental research compensation.)

Name \_\_\_\_\_ Department \_\_\_\_\_ Campus Address \_\_\_\_\_ Phone \_\_\_\_\_

1. Account Number \_\_\_\_\_ Employee ID Number \_\_\_\_\_

2. Name of Agency or Company sponsoring the work. (Use separate forms for each sponsor) : \_\_\_\_\_

3. Type of appointment during the period of time requested for Supplemental Research Compensation (SRC):

- |                          |  |       |                            |
|--------------------------|--|-------|----------------------------|
| <input type="checkbox"/> | 8 month-maximum 35 days SRC                              | _____ | Days requested for project |
| <input type="checkbox"/> | 10 month-maximum 43.5 days SRC                           | _____ | Days requested for project |
| <input type="checkbox"/> | 11 month-maximum 48 days SRC                             | _____ | Days requested for project |
| <input type="checkbox"/> | * Non-regular contract time-maximum one day per week SRC | _____ | Days requested for project |

4. SRC days, or fractions, requested on other forms this academic year (September-August): \_\_\_\_\_  
Other supplemental support days, or fractions, (Consulting, Continuing Education, etc.) requested or funded this academic year (September-August): \_\_\_\_\_

5. Reason for request of Supplemental Research Compensation (indicate why the work cannot be accomplished during the normal work week or cannot be done by support personnel).\* *A single sentence will not suffice.* Please see next page.

6. I certify that my request complies with the provisions of university policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have reviewed this request and approve the arrangements as described.

**DEPARTMENT/COLLEGE APPROVAL:**

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean or Director \_\_\_\_\_ Date \_\_\_\_\_

**UNIVERSITY APPROVALS:**

Office of Research and Creative Activities \_\_\_\_\_ Date \_\_\_\_\_

Associate Academic Vice President \_\_\_\_\_ Date \_\_\_\_\_

## RECEIVED BY THE FACULTY PERSONNEL OFFICE

\*Requests for non-regular contract periods require specific details and justification as an attached memo.

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### **Criteria to be used in granting approval for supplemental research compensation are as follows:**

1. Approval by the Department Chair and Dean:

Before giving approval, the department should review the request in the context of the individual faculty member's current assignments. The signature of the department chair indicates that the department has determined that involvement of the faculty member is personally required to perform the work, rather than assigning it to a student, postdoctoral fellow or research associate, and that such work would exceed the usual workload and would thus merit supplemental research compensation. For example, added effort may be needed to meet sponsor timetables, to extend the scope of work for special purposes, to conduct field work that keeps the faculty member on assignments for extended periods of time, or to perform other similar kinds of exceptional tasks. At the same time, approval assures that the faculty member is not over-committed to the point that primary or core university assignments in teaching, scholarly work, and university service are compromised.

The Dean of the college or school must likewise approve supplemental research compensation, again verifying that the faculty member has the time to do that work without compromising primary assignments.

2. Approval by the Office of Research and Creative Activities and the Associate Academic Vice President:

Approval for supplemental research compensation will be authorized and acknowledged only if one or more of the following conditions are met:

- a. Approval and acceptance is obtained from the external sponsor in which the requirement for supplemental research compensation is clearly specified and included in the budget and scope of the work of the grant or contract. (Approval cannot be obtained from certain granting agencies such as the National Science Foundation and the National Institutes of Health, which do not allow such payments).
- b. Authorization is provided by the sponsor to allow supplemental research compensation as an amendment to the terms of an existing grant or contract. Authorization may include letters of amendment or clarification through logged telephone conversations.
- c. Where work is performed under a "Fixed Price Contract," requests for supplemental research compensation may be included in the original proposal or may be approved after the project commences, if appropriately justified. If funds are available within the current contract, external sponsor approval for the change is not usually required. Residual funds left at the end of the contract cannot be used for supplemental research compensation unless extenuating circumstances resulting in extra effort can be documented. Approval will be subjected to the same rationale as for other forms of supplemental research compensation.