

REQUEST AND APPROVAL FOR SUPPLEMENTAL RESEARCH COMPENSATION -- 2017

Office of Research and Creative Activities (ORCA)

email to: rachel_teki@byu.edu

Note: Signatures may be typed if form is to be submitted via email

INSTRUCTIONS:

- Supplemental research compensation is authorized only for approved sponsored programs, where it is determined that the anticipated research cannot be completed within the normal workload and/or when special circumstances require added effort to meet sponsor timetables. Summer salary and supplemental compensation cannot be paid in the same months.
- Supplemental research compensation is designed for unusual and rare cases where a faculty member is "consulting" on the project of a colleague in a different department. It is not allowed for a PI, co-PI, or co-I on one's own project. Differing departments will be determined based on faculty appointments, not temporary assignments.
- The *Approval for Professional Activities in Addition to Regular University Assignment: A. Supplemental Research Compensation* must be completed and required Departmental, College, and University authorizations obtained before work takes place.

Please fill in this form completely and email it to rachel_teki@byu.edu after actual work is accomplished, but all compensation claimed must be for work completed with the previous 90 days. Once it has been approved by ORCA, it will be forwarded to Faculty Compensation.

2017 Due Dates
January 24
February 21
March 23
April 20
May 23
June 22
July 21
August 24
September 22
October 24
November 21
December 19

Date: _____

Requested by: _____

Name: _____

Total # of days: _____

Department: _____

Total \$ amount: _____

College: _____

(Your daily compensation rate will be calculated by taking your 8 month salary base, dividing by 1386, and multiplying by 8.)

Campus Address: _____

Extension: _____

Account to be charged: _____

Employee ID#: _____

Signature: _____

ORCA Approval Signature: _____

(This verifies that the person to be paid maintains a log of his/her time that is available for review. Typing your name denotes your signature.)

Requested Compensation (Dates/Times)

Generally should not exceed four days per month

Month(s)	Date(s)	Fraction of a day, if whole day, enter 1	Notes	Calculation of Supplemental Income