

Summer Compensation:
Exception request to receive >2.5 months against sponsored awards
(Requests should be submitted to summercomp.provost@yale.edu)
(Subject: Permission to receive # months of summer compensation charged to sponsored awards)

*Exception Requests and Approval must be complete **prior** to exception occurring.*

Requestor Name:
Department:
Faculty Name:

Lead Admin Contact Name:
FRMS Contact Name:
Additional Contacts if needed:

Requesting permission to receive _____ months of salary for summer charged to sponsored awards.

Enrolled in the 9 over 9 program? Yes: ___ No: ___ Other: ___

Dual Appointment? Yes: ___ No: ___

Are you able to meet the expectation of the award using effort in the academic year instead of needing an exception for summer effort? Yes: ___ No: ___

Explanation:

Details on why an exception for summer compensation is needed: (Ex. Award is ending in October, maxed out on academic effort, need one-time exception)

Attestation:

I am verifying I have requested this exception to meet my current effort commitments to sponsors.

Working with FRMS, I have reduced my effort commitments within the percentage allowable for both the academic and summer periods. Further reductions will exceed 25% or more from the level of effort committed to my awards and would therefore be considered a significant reduction requiring prior approval from the sponsor.

In requesting this exception for summer salary from non-university (external) sponsored research funds, I agree that I will not be:

- carrying out activities inconsistent with the effort defined for sponsored project(s);
- performing significant administrative activities (e.g., departmental, University, national, editorial);
- taking more than minimal time away; teaching or preparing for teaching.

I am verifying that I understand that this exception for above 2.5 months (2 months for Dual) needs to be provided and approved before the certification of summer month effort.

Faculty Name:	Faculty Signature:	Date:
Dept. Chair Name:	Dept. Chair Signature:	Date:
Provost Name:	Provost Signature:	Date: