Summer Compensation Request Form

Name:						
Department:						
Contact:						
Lead Admin ar	nd/or Ops Manager:					
FRMS Analyst:						
<u> </u>						
Rules of Summ	er Compensation:					
1. Total sur	1. Total summer compensation cannot exceed 3.0 months and cannot exceed 1/9 th salary per month.					
	2. Compensation on a sponsored award cannot exceed 2.5 months and cannot exceed 2.0 months if you					
_	have other academic roles (dual-appointment).					
3. Effort expended during the summer must be commensurate with the months of summer compensation						
	requested.					
4. Faculty members may not accept other employment while receiving summer salary from Yale-						
administered funds.						
5. Summer Compensation may not be paid from departmental funds.						
I understand these rules and wish to apply for summer compensation						
I unders	tand these rules and wis	sh to a	apply for summer compensation			
Indicate effort a	mount and funding sour	rce pe	er month:			
Effort dates must coincide with grants charged.						
• If grant is subject to NIH Cap, OTC must be charged so please indicate if you'd like the over the cap charged to						
			ources. (Examples: June GR123456 + OTC)	,		
May:			•			
1,14,7						
June:						
June.						
July:						
July.						
August						
August:						
~.			I		Т	
Signature:				Date:		
PI Approval (If a grant will be charged):				Date:		