

REQUEST AND APPROVAL FOR SUPPLEMENTAL RESEARCH COMPENSATION

Research Administration Office (RAO)

email to: gene.larson@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 gene.larson@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 RAO, it will be forwarded to Faculty Compensation.

2022 Due Dates
January 18
February 15
March 22
April 21
May 19
June 21
July 19
August 23
September 22
October 20
November 17
December 13

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: _____

RAO 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