

**APPROVAL FOR PROFESSIONAL ACTIVITIES
IN ADDITION TO THE REGULAR UNIVERSITY ASSIGNMENT:
A. SUPPLEMENTAL RESEARCH COMPENSATION-Updated April 2024**

September 2023 - August 2024

Date April 16, 2024

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

Name: _____ Department: _____ Campus Address: _____ Phone: _____

1. Account Number: _____ BYU Employee ID Number: _____

2. Name of Agency or Entity sponsoring the work. (Use separate forms for each sponsor) : _____

3. Type of appointment during the period of time requested for Supplemental Research Compensation (SRC)
AND indicate in the right hand column how many days you are requesting:

<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, previous 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.*** See instructions: next page.

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

Signature (written, or typed if to be submitted by email)

Date

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

PROJECT PRINCIPAL INVESTIGATOR: _____ **Date:** _____

DEPARTMENT/COLLEGE APPROVAL (for the faculty member requesting approval for supplemental effort and compensation):

Department Chair _____ Date: _____

Dean or Director _____ Date: _____

UNIVERSITY APPROVALS:

Research Administration Office _____ 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.

April 2024

Note: If this form is to be submitted via email, all signatures may be typed by the appropriate authorized individual

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

1. Approval by the Project Principal Investigator:

Supplemental 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. A PI must authorize the work prior to the effort taking place by signing this form.

2. 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 services 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.

3. Approval by the Research Administration Office and the Associate Academic Vice President:

Approval for supplemental research compensation will be authorized and acknowledged only if all 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, or 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.
- b. Approval is for work to be done on a project belonging to a colleague in another department.
- c. All signature approvals are present on the first page of this form.
- d. The faculty member to do the supplemental work and herein requests approval for supplemental pay will keep a log of time worked.
- e. The faculty member requesting supplemental approval and the PI are read and are aware of the provisions of the university supplemental compensation policy (contact RAO for more information if you are unclear).