

REQUEST AND APPROVAL FOR SUPPLEMENTAL RESEARCH COMPENSATION

Research Administration Office (RAO)

email to: [gene.larson@byu.edu](mailto: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](mailto: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.

2024 Due Dates
January 23
February 20
March 21
April 22
May 21
June 17
July 22
August 22
September 19
October 17
November 19
December 17

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