



## **Employee Request for Exception to Limit on Summer Appointment**

(Not for use with Civil Service appointments)

**Academic Employee Name:** \_\_\_\_\_ **UIN:** \_\_\_\_\_

**Academic Employee Home Department:** \_\_\_\_\_

I request permission to be employed by the University of Illinois for the following summer period and to receive compensation at the proportionate monthly rate of 1/9th / 1/10th of the Institutional Base Salary (FTE salary plus endowed professorship) during the preceding academic year. By completion of this form:

- a. I certify that the work will be performed during the period for which compensation is requested.
- b. I understand that my professional efforts during the period of the appointment must comply with university policies and must be related to the project(s) supporting my appointment.
- c. I understand that this summer appointment does not accrue or afford me with any vacation or sick leave benefits.
- d. I also understand that this appointment will be incorporated into my Activity Effort Plan entered in the campus system for documentation of compensation for personnel services.
- e.

If funding for the summer appointment is provided from **Sponsored Projects**, I certify that:

- a. Funds are available to pay the proposed summer appointment and the work to be performed will be consistent with the objectives of the work approved by the sponsor.
- b. Any re-budgeting of available funds to permit this appointment does not interfere with previous commitments to student support, equipment, acquisitions, services needed, etc.
- c. The rules of the sponsor providing the funding permit the proposed appointment (in excess of two-ninths summer).
- d. A maximum of 2.85 total months (2.85 FTE) (of the three potential summer payroll periods) may be funded by sponsored projects.
- e. During summer periods of time associated with effort charged to sponsored funds, I will not take vacation and that time will not include conducting Non-Allowable Activities.
- f. If different than anticipated, I will actively adjust the proportion of effort charged to sponsored funds and Non-Allowable Activities to accurately reflect expended effort. (Non-Allowable Activities are defined at CAM HR-24 and include, but are not limited to: general administrative efforts, proposal development, committee work, teaching and teaching preparation, and/or student advising.)

**Justification for Summer Appointment Period(s) and Funding: *CLEARLY document why this work requires your active participation for the proposed summer period(s). Funding must accurately reflect your effort, particularly on sponsored research projects, and justification should address the entire summer period that you plan to work. Detailed justification statements should include the following points, as applicable:***

*Reference the specific research projects on which work is being performed; Reports that may be due related to specific projects; Number of staff, students, or postdocs being supervised; and Activities engaged in but not directly related to the sponsored projects.*

Start Date	End Date	Job FTE	%Funding	Funding/CFOAP
Description of work/deliverables during above appointment period:				
Primary Work Location (City, State, Country)				

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Description of work/deliverables during above appointment period:				
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Description of work/deliverables during above appointment period:				
Primary Work Location (City, State, Country)				

If you cannot certify all of the points on page one, then it may not be appropriate for you to be paid for the entire requested time period, or perhaps other options might be available. If you have this situation, then please contact your appropriate business administrator or department or college human resources office to discuss options. Your signature below affirms the summer appointment request meets these requirements.

\_\_\_\_\_  
Signature of Academic Employee

\_\_\_\_\_  
Date

**Signatures and Approvals:**

\_\_\_\_\_  
Dept/Unit Head, Home Department/Unit

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Admin, Home College/Admin Unit

\_\_\_\_\_  
Date

<b>Additional Approvals (if applicable) Complete only if different than those listed above</b>	
_____ Dept/Unit Head of Appointing Dep/Unit	_____ Date
_____ Dean/Admin of Appointing Dept/Unit	_____ Date

Please attach the completed/approved form to the HR Front-End transaction.