

SALARY INCENTIVE PAYMENT APPROVAL

Please complete the form during the eligible semester. Once all signatures are received, an EPAF may be submitted according to the schedule posted in the Salary Savings Policy and Procedures document.

Requestor Name:
Sponsor and Grant #:
Short Project Title:
FY of Request:

Date of Request:

Please complete the table below with the expected amounts of salary savings.

1. EMPLOYEE NAME (add more rows as needed): _____

Contract Type: ☐ 9 month faculty ☐ 12 month faculty

Semester, Year		Employee's base salary		% charged to grant		Total Salary & Fringe Savings deposited into PI's account	

TOTAL REQUESTED INCENTIVE FOR ABOVE SEMESTER: _____ + 8% Fringe _____

FOR PI. Please identify any other expenses that have been or will be paid with salary savings funds (e.g., cost share/matching, other research expenses):

FOR ORSP ☐ The grant pays all direct costs and maximum F&A (full F&A that is allowable and is at least 8% MTDC). ☐ The grant does not include voluntary cost sharing or in-kind matching. ☐ The grant was pre-approved through appropriate institutional routing and approval processes at the time of submission. ☐ The recipient was fully compliant with fiscal and administrative management of the grant. ☐ The grant deadlines were met in a timely fashion.

Comments:

FOR DEAN ☐ The incentive recipient is still employed at ACU. ☐ The recipient is in good standing with a satisfactory annual review. ☐ The recipient is not on sabbatical during eligible semester.

Comments:

APPROVALS

Department Chair	College Dean
ORSP	Finance