

COLLEGE OF LETTERS AND SCIENCE, UW-MADISON
 REQUEST FOR APPROVAL OF SUMMER PAYMENT IN 2006
 ON FUNDS ADMINISTERED BY THE UNIVERSITY OF WISCONSIN FOR
MORE THAN TWO-NINTHS
 OF 2005-2006 ACADEMIC YEAR SALARY

DIRECTIONS: Please send **one original**, signed by the faculty member and the department chair, **plus three copies** to Payroll, Letters & Science, room 108 South Hall. Please retain one copy in the department for your records. **Advance approval**, requested on this form, is required for every faculty member (or any other unclassified employee) paid on the academic year basis in 2005-2006 who wishes to hold a summer appointment during any portion or portions of the period beginning May 29, 2006, and ending August 27, 2006 for which the total stipend will exceed two-ninths of the 2005-2006 academic year salary rate. Allowable limits for the amount and frequency of such excess will be found in the **policy statement on the back side of this form**.

Letters and Science does not encourage any summer appointments involving salary in one summer of more than two-ninths (except for special summer session assignments totaling more than eight weeks), but does not forbid them if they conform to the policy statement outlined below. The Graduate School similarly relies on the campus policy. It emphasizes that Research Committee funds awarded for Summer 2006 can be paid only in July and August; June payment will not be approved.

Use as many of the lines below as are needed to provide a complete account of (1) the proposed period(s) of appointment and source(s) of funding, (2) whether any proposed extramural funded appointment in excess of two-ninths is in accordance with the rules of the funding agency, and (3) any facts or considerations that might support a request for waiver of the limitations contained in the policy statement below.

* * * * *

I request approval of the following proposed payments:

<u>Period</u> (payroll dates)	<u>Percent</u> <u>Time</u>	<u>Amount</u>	<u>Source of funds (if extramural,</u> <u>give account number</u>	<u>Have you received</u> <u>Agency approval?</u>
_____	_____	_____	_____	___ YES ___ NO
_____	_____	_____	_____	___ YES ___ NO
_____	_____	_____	_____	___ YES ___ NO
_____	_____	_____	_____	___ YES ___ NO

Number of ninths paid in summers: 02 _____ 03 _____ 04 _____ 05 _____ 06 _____

Please note that total compensation earned during the summer months include payments for overload assignments.

Special reasons for this request (attach letter if appropriate) _____

Requesting staff member (signed) _____

Printed or typed name _____

Rank or title _____

APPROVAL OF THE DEAN:

Signature of department chair _____

Date _____ Department _____

Date _____