

Faculty Name: _____
Last, First

UM ID Number: _____



Request for Summer Appointment in Excess of Two Months or Summer Appointment on Special Funds

2021

University of Michigan - College of Engineering- Department Form

Instructions to Faculty:

1. Fill out this form if any of the following scenarios apply:
 - your planned summer* appointment is to be greater than two months.
 - you are requesting a summer* appointment on funds other than a sponsored research grant or departmental account for instruction or administration.
 - you are changing the terms of your summer appointment.
2. Sign and submit this form to the Department Chair for completion and approval.

*Summer appointments consist of appointments in June, July and August which are not Spring instructional appointments.

Guidelines:

1. The University new Standard Practice Guide (SPG 201.04) limits summer appointments on sponsored research to a maximum of 2.5 months.
2. The College permits faculty members to fund up to two months of summer salary from externally sponsored grants without the need for special approval. Summer appointments extending beyond two months require Department and College approval.
3. A maximum of one summer month is permitted on special, non-regular funding sources. Regular funds include sponsored research grants or departmental accounts for instructional or administrative activities. Appointments that come from special funding sources, including those that are discretionary to the faculty member, require explicit approval of the Department Chair and Dean, regardless of the number of months being requested. A brief work proposal for appointments from these funds must be approved by the Chair and submitted with the appointment paperwork. The proposal should outline the proposed work and outcome as well as a brief statement of why special funds, and not regular funds, are being used.
4. If a faculty member funds two and half months of summer salary from externally sponsored research, s/he will be permitted to fund an additional one-half month of summer salary from his/her department or discretionary accounts, provided that all applicable conditions for an appointment for a third month will be met that include, but are not limited to, meeting department offset and student support requirements; an appropriate work expectation for the duration and pay associated with the appointment is present; and the Department Chair and Dean's approval has been obtained based on the Chair and Dean's judgment that the expenditure on salary is the best use of the faculty research account under the particular circumstances.
5. If a faculty member is performing work on multiple grants/funding sources, that work should be spread appropriately between active summer appointment months.

Faculty Name: _____
 Last, First

UM ID Number: _____

To: Department Chair

I hereby apply for a total of _____ months of support for the period _____ to _____, 2021. I understand that I may not use research funds to cover more than 2 ½ months of summer support as provided for in SPG 201.04.

I will fulfill my scholarly non-teaching obligations of my University Year appointment during the month of _____. (This would normally be the month of May)

I expect fully to meet the obligations of my University Year appointment (Sept. – May) and understand that if this request is granted, my available vacation time will be _____ month/s this summer. (Available vacation time = 3 months – # summer months requested above)

Support for the requested summer appointment is as follows:

<i>Type of Funds</i>	<i>Start date</i>	<i>End date</i>	<i>Percent effort</i>	<i>Shortcode</i>
Sponsored Research	June	June		
	July	July		
	August	August		
Department Administration/ Instruction	June	June		
	July	July		
	August	August		
Discretionary	June	June		
	July	July		
	August	August		
Vacation Time				N/A

If the vacation time equals zero, please sign below.

I have requested three months summer appointment in 2021 and therefore will not take any vacations during the months of June, July and August.

Signature _____

Faculty Name: _____
Last, First

UM ID Number: _____

1. Enter the applicant's research appointments and record of support for GSRA's for the current and previous years [needed only if sponsored/discretionary funds are supporting more than two months of the summer appointment]:

Term	Research Appointment	# of GSRA's supported
Fall 2019	%	
Winter 2020	%	
Spring/Summer 2020	months	
Fall 2020	%	
Winter 2021	%	
Spring/Summer 2021	months	
Fall 2021 (anticipated)	%	
Winter 2022 (anticipated)	%	
Spring/Summer 2022 (anticipated)	months	

2. Give a brief explanation for requests which do not meet the Departmental guidelines (see chair for details):

3. Check the appropriate box below:

Yes No Some or all of this appointment is requested from my discretionary funds. If yes, use this space for submitting a work statement proposal for appointments supported by discretionary funds.

Name (printed)

Signature

Approved: _____
Department Chair

Date

Dean or Designated Authority

Date