



Additional/Supplemental PSU Faculty/Staff Form
(For Use with Office of Sponsored Programs Internal Review Cover Sheet)

- 1. PSU PRINCIPAL INVESTIGATOR NAME:
2. PROPOSAL PROJECT TITLE (Maximum of 30 characters):
3. PROPOSED SPONSOR:
4. ADDITIONAL PSU FACULTY/STAFF MEMBER PROPOSED FOR PROJECT
(See http://www.usnh.edu/olpm/USY/V.Pers/F.7.htm for the USNH's Additional Pay Policy.)

Name:

Proposed Project Role:

Appointment Type: [] AY [] FY Proposed Percent Time on Project: %

Is the work to be performed on this project different from and, over and above the regular duties for which this faculty/staff member receives pay in his/her PSU budgeted salary position? [] Yes [] No

Compensation type and total amount expected for this person for this project and when effort is expected to occur:

- [] Faculty Release Time \$ [] Sem 1 [] Sem 2 [] Summer YR
[] Faculty Summer Salary \$ YR
[] Additional Pay \$ [] Sem 1 [] Sem 2 [] Summer YR
[] Staff Regular Pay \$ YR

I certify the following (please check when you have read each statement):

- [] All information provided for this proposal and this form is true, complete, and accurate to the best of my knowledge.
[] Any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
[] I am not currently suspended, debarred, or otherwise ineligible to receive Federal or State funds.
[] If this project is funded, I accept responsibility for my role in the project design and execution; prudent fiscal project management; and submission of all sponsor-required reports, documentation, and/or deliverables.
[] If funded, I will comply with all applicable regulations, and PSU policies and procedures for this project, including filing and/or updating relevant financial disclosures prior to and during the award as interests/relationships change.
[] Acknowledgement of Intellectual Property and Assignment form has been signed, as required.

Signature of Additional Faculty/Staff Member

Date

5. ADDITIONAL CERTIFICATIONS, ENDORSEMENTS, AND APPROVALS

In signing this form, I have reviewed and approved the participation in the project of the individual named in 4. above, including any cost sharing, salary in excess of the sponsor's salary cap, infrastructure costs, and space commitments. I have reviewed the proposed/reported effort and the rationale for additional/supplemental pay and confirm it is realistic/accurate.

Department Chair Endorsement
Date: _____

Provost (or his/her designee)
Date: _____

Vice Provost for Research&Engagement
Date: _____