

Office of Research Administration

Additional/Supplemental Pay Request Form- Faculty/Staff

1. **PSU PRINCIPAL INVESTIGATOR NAME:**
2. **PROPOSAL PROJECT TITLE:**
3. **PROPOSED SPONSOR:**
4. **ADDITIONAL PAY REQUEST FOR:**

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 institutional base salary position?\*  Yes  No

*\*Please refer to page 2 of this form for guidance and policy*

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       YR

Faculty Summer Salary $            YR

Staff Regular Pay $            YR

Additional Pay Request $       Sem 1  Sem 2  Summer       YR

1. **JUSTIFICATION FOR ADDITIONAL/SUPPLEMENTAL PAY:**

**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 formhas been signed, as required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Additional Faculty/Staff Date

1. **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, infrastructure costs, and space commitments. I have reviewed the proposed effort and **the justification for additional/supplemental pay and** confirm that the activities are beyond “Activities Included in IBS” per page 2 of this form.

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Cluster Program Lead/ Coordinator Provost/ Vice Provost

Date: Date:

**Plymouth State University- Office of Sponsored Programs   
Policy for Faculty Institutional Base Salary**

**Institutional Base Salary (IBS)** *Salary basis-* Charges for work performed on sponsored projects by faculty members during the academic year are allowable at the IBS rate. IBS is defined as the annual compensation paid by Plymouth State University for an individual's appointment, whether that individual's time is spent on research, instruction, administration, or other activities. IBS excludes any administrative stipends and income that an individual earns outside of duties performed for Plymouth State University. Unless there is prior written approval by Plymouth State University and the awarding sponsor, charges of a faculty member's salary to an award must not exceed the proportionate share of the IBS for the period during which the faculty member worked on the award.  
  
*Periods outside the academic year-* Charges for work performed by faculty members on awards during periods not included in the base salary period (*normally referred to as summer salary*) will be at a rate not in excess of the IBS.

**Activities Included in IBS**

Activities and work included in IBS for individual faculty should be determined based on the collective guidance of the Faculty Workbook, Annual Work Plans and any other applicable appointment letters, agreements, contractual or otherwise in writing.

The Plymouth State University Faculty Handbook broadly defines faculty responsibilities by appointment type. Within the broader categories of teaching, scholarship, and service, *research* is generally considered a function within the scholarship requirement. The individual annual Work Plan of each faculty member along with appointment letters and any other applicable agreements or contractual documents further define responsibilities and expectations within both the broader categories and their constituent functions.

**Supplemental or Additional Pay**  
Supplemental pay or Additional pay is defined as pay beyond a faculty member’s IBS, excepting for periods outside of the academic year. Determination for the allowability of supplemental or additional pay is governed by federal, USNH, and Plymouth State University guidelines and always requires prior written approval by both PSU and the sponsor. Circumstances where supplemental or additional pay may be considered include:  
 *Intra-Institution Consulting-* Intra-Institution consulting by faculty is assumed to be undertaken as a Plymouth State University obligation requiring no compensation in addition to IBS. However, in unusual cases where consultation is across departmental lines or involves a separate or remote operation, and the work performed by the faculty member is in addition to his or her regular responsibilities, charges for such work representing additional compensation above IBS may be allowable if conditions 1-3 below are met.

*Incidental Activities*Incidental activities may be exclusive of IBS in unusual and rare cases, and may be allowable if conditions 1-3 below are met.

*Extra Service Pay*- Extra service pay normally represents overload compensation, subject to institutional compensation policies for services above and beyond IBS. Where extra service pay is a result of Intra-Institution consulting at Plymouth State University, it is subject to the requirements above, and may be allowable if conditions 1-3 below are met.

1. Receive prior approval in writing by authorizing officials at Plymouth State University, including Cluster Program Leader/Coordinator and Provost or Vice-Provost, using the required Additional/Supplemental Pay Approval Form. Requests made after work has been done will not be approved.
2. Are specifically provided for in the award or approved in writing by the awarding sponsor.
3. The supplemental amount paid is commensurate with the IBS rate of pay and the amount of additional work performed.