REQUEST FOR EXCEPTION TO THE LIMIT ON SUMMER APPOINTMENT

Academic Employee Name			AY salary:	
I hereby request permission to be emp	loyed by the Unive	ersity for the follo	wing summer period	and to receive
compensation that exceeds 2/9ths of m	ny academic year s	salary. This service	ce will be in addition	to my academic
year appointment. From:		To:		
At:% over 2/9ths of my reg	ular academic year	r salary		
Reasons why the work requires my ac sheets if necessary):	tive participation f	For the entire perio	od stated above (cont	inue on attached
I certify that the work will be performed also understand that this appointment documentation of compensation for performed the second	t may be incorpora			
Signature	Date			
Approvals:				
Dept Head/Unit Exec Off. Date Home College	Dean	Date	Provost	Date
Additional Approvals, if applicable *:				
Dept Head/Unit Exec Off. Date Appointing College	Dean	Date	Provost	Date
Additional Approval, GRANT FUND I certify that:	ED ONLY:			ned will be

SUBMIT THIS ORIGINAL FORM TO THE PROVOST OFFICE, ACADEMIC HUMAN RESOURCES, AFTER OBTAINING ALL OTHER APPROPRIATE SIGNATURES. Rev 4/2007

^{*}This applies to individuals who are being employed in a unit outside of their home unit for the summer.