

**Summer Salary Authorization for Tenured and Tenure-Track Faculty
For Summer Salaries to be Paid from Sponsored Research or Restricted Funds Only**

(Summer earnings to be paid from any other source should be processed on a Payroll Authorization Form)

Name: _____ Social Security #: _____
(Please Type or Print)

Department: _____

June 2009 (Pay Date June 30, 2009)

Retirement Contributions: Yes ___ (RWR) No ___ (RNR) - If the faculty member declines contributions, no contributions will be made by WPI.

Fund	Org	Account	Start Date	End Date	% To Be Charged	\$ Amount	Position Control #
		.6112					
		.6112					
		.6112					

Total: _____

July 2009 (Pay Date July 31, 2009)

Retirement Contributions: Yes ___ (RWR) No ___ (RNR) - If the faculty member declines contributions, no contributions will be made by WPI.

Fund	Org	Account	Start Date	End Date	% To Be Charged	\$ Amount	Position Control #
		.6112					
		.6112					
		.6112					

Total: _____

August 2009 (Pay Date August 31, 2009)

Retirement Contributions: Yes ___ (RWR) No ___ (RNR) - If the faculty member declines, no contributions will be made by WPI.

Fund	Org	Account	Start Date	End Date	% To Be Charged	\$ Amount	Position Control #
		.6112					
		.6112					
		.6112					

Total: _____

Are you receiving Summer Salary from other WPI sources?

YES " " " " NO

Will total summer compensation (from all WPI sources) exceed 2 months of academic year base salary?

YES " " " " NO

If yes, please indicate total person-months of effort: _____

Note: Payment for any given month must be received in one payment and not spread over several months.

Required Signatures:

Principal Investigator / Date

Sponsored Research or Restricted Accounting / Date

Provost Office / Date

Department Head / Date

Human Resources / Date