

Grant-funded Additional Appointment for Existing STAFF

Updated 5-11-21

Use this form if an existing staff member who is being paid for an additional appointment with grant funds during the academic year or summer. This form will be needed for EACH academic year and/or EACH summer worked. If the same appointment will last throughout the academic year and the following summer, you can mark both areas on one form, to indicate work for a specific academic year and summer. This form can also be used for an existing grant-paid staff member that is having changes to the grant's general ledger number (GL number or cost object number) being used for their pay. *These forms will NOT be used for newly hired staff that are grant paid.* New hires will utilize the existing new hire process.

See the Doane University **Institutional Base Salary Policy** for how to calculate additional appointments in the summer or academic year. *No individual may commit more than 100% institutional or summer effort or be compensated at a rate that would exceed their annualized institutional base salary.* See the Doane University **Summer Effort and Summer Salary for Sponsored Research Policy** for how to calculate additional appointments in the summer. Summer percent effort is always 100% for any work period requested on any one grant.

Forms should be approved, signed, and routed within two weeks of the start of the appointment.

Routing: (1) Share draft forms with **Dir. of Grants** for approval for routing. (2) **Dir. of Grants** will use HelloSign to route forms for signatures and send signed forms to **Payroll, Human Resources, and Post-Award**. **For course release requests**, send an electronic copy to the **Assistant Dean of Academic Affairs**.

Employee Name:		Employee ID:	
Is this a new appointment (Y/N):		Is this a GL change for existing appointment (Y/N):	
Grant or Award Name:			
Cost Object Number(s) to be charged:			
Is this position 10-month or 12-month:			
List the number of months dedicated to each project and the month the effort should be paid by the grant –OR- the percent payroll split and performance period (determined by grant start and end dates each year):	<p>This is assuming that a particular position is already funded fully by a grant or by the institution. Explain the new appointment or change to an existing appointment in the notes section.</p> <p>***Examples: One month of effort for a 10-month position is 10% effort towards a project. This could be paid in one month, or payroll could be split 90/10 over the course of the grant performance period. Three months of effort for a 12-month position is 25% effort towards a project. This could be paid in three months or payroll could be split accordingly over the course of the period of performance. In all cases, care must be taken to estimate the effort an individual will commit towards a project to ensure that the payroll requested for the project does not exceed the percent effort spent on the project. Communicate plan for payroll deductions with Carol Bietz.</p>		
Rate of Pay (Indicate Institutional Base Rate, IBS – or – Other stipend amount, include amount):	<p>Only indicate "IBS," but do not include salary numbers here. Include other stipend amount if that is the case for the request.</p>		
<p>Contact HR to verify annual salaries and fringe when calculating Institutional Base Salary and monthly institutional base rates of pay.</p>			

For staff with more than one additional appointment, please list all appointments for the same year as this request in the notes on the next page.

Faculty/Principal Investigator/Project Director: I understand that, as a grant awardee, I am responsible for monitoring my grant budget, adjusting work hours accordingly, and meeting the conditions of my award document, including time and effort contributions. I further understand that as a supervisor of hourly employees, I am required to verify the employee's hours worked on the monthly time card.

PI/PD (print): Type In _____ **Date:** _____

PI/PD (sign): _____ **Date:** _____

Approval Signatures: Two approvers are required for all additions and changes to a faculty or staff appointment.

Department or Division Chair (print): Type In _____ **Date:** _____

Department or Division Chair (sign): _____ **Date:** _____

Dean or Provost (print): Type In _____ **Date:** _____

Dean or Provost (sign): _____ **Date:** _____

Dean: (sign) _____

Include additional appointments and any notes about this appointment on the reverse side of this form.

NOTES (list all additional appointments):

A large, empty rectangular area with a light blue background, intended for listing additional appointments. The area is bounded by a thin black line on the top, bottom, and sides, with the top boundary coinciding with the text label above.