|  |
| --- |
| **Academic Sabbatical Compensation ConfirmationDue May 15** |
| University policy limits the total salary a faculty member may earn while on sabbatical. This limit refers to salary paid on any W-2 form, not to consulting income. The Federal Office of Management and Budget Circular A-21 allows for a maximum of 100% of annual base salary from any source of funds at the University (i.e. funds 1001, 2XXX, 5000, 6XXX). The university will reduce the amount of sabbatical salary it pays if a faculty member receives salary from other sources exceeding the limits described on this form.  |
| “‘Annual base salary’ means the total compensation approved in advance as the amount payable to a faculty member for normal and expected working time and effort, not in excess of 100% of full-time, for all services to be performed under all assignments during the appointment period. This term does not include compensation for separate assignments during nonworking intervals, approved overload assignments in the Division of Continuing Education, additional compensation for occasional services or payments made pursuant to authorized consulting or professional service contracts.”  |
| Salary from sources not associated with the University is subject to the salary limits in Policy 6-314 which limits a combination of university funds and funds not associated with the University to 110% of the annual base salary.  |
| **Please list the amount and source of all supplemental salary for which you have a COMMITMENT or for which you have APPLIED.** |
| **Commitments** *(Confirmed sources of funding)***:** |
| **Description:** | **Source/Fund:** | **Amount:** | **% of base salary:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Pending (***Pending sources of funding***):** |
| **Description:** | **Source/Fund:** | **Amount:** | **% of base salary:** | **Status of Request:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| I certify that the information provided on this form is complete and accurate.  |
|  |  |
| *Faculty member’s signature* | *Date* |