

A. PROPOSAL INFORMATION

Proposal Title:

Principal/Lead Investigator:

Sponsor:

B. SUPPLEMENTAL PAY REQUEST

This form documents the university's compliance with OMB Circular A-21 supplemental pay restrictions for audit purposes. Complete the following information regarding the UNL employee for whom the request is being made.

NOTE: Only one employee per form.

Name:

Department:

UNL ID:

Amount:

Time Period:

to

When a sponsoring agency allows supplemental pay for project personnel, the university may allow such payments when all of the following conditions are met.

Yes No

1. The project has written sponsor authorization (approval needed from financial officer of funding agency) for supplemental pay. **A copy of the sponsor approval or budget section detailing supplemental pay must be attached to process pay.**
2. Supplemental work will be in addition to the employee's regular workload and does not involve release time.
3. Supplemental work is performed for a department, center or academic unit other than the employee's assigned department or involves a separate function or physically remote location.
4. Rate of pay is consistent with the employee's base salary for other UNL funds.
5. Provisions and limitations for supplemental pay comply with university policy. See Executive Memorandum Number 19 (Overload Assignments).
6. Employee has at least 25% salary savings included in their total funded grant activities.

Justification: Briefly explain why supplemental pay is necessary to complete the tasks of this project and why it will not conflict with the normal, total responsibilities to UNL for teaching, research, public service and committee and administrative duties. Attach additional sheets if necessary.

C. SIGNATURE AND APPROVALS

My college may have policies and procedures related to supplemental (overload) pay and I agree to abide by them. I have read the above and agree that all conditions stated on this form have been met and the employee qualifies for supplemental (overload) pay.

PI Signature X

Date

Chair/Director

Print Name

Date

Dean

Print Name

Date

Office of Sponsored Programs Use Only:

Justification & backup reviewed by OSP: _____

Date _____