

ADDITIONAL COMPENSATION - SPONSORED PROJECTS REQUEST FORM

“Requests for additional compensation paid from an externally sponsored award are allowable only in rare circumstances and must comply with the requirements of the granting agency as well as the University’s policies and government requirements on salary augmentation. Therefore, such payments also require the prior authorization of the University’s Office of Research Administration before they may be submitted to the Associate Provosts for Academic Appointments or Executive Vice President for Health and Biomedical Sciences.” (Columbia University Faculty Handbook)

Officer’s Name: _____ **UNI:** _____

Description of Activity Requiring AddComp and Justification:

Start & End Dates of Compensation: _____ to _____

Compensation Total: \$ _____ **Chartstring for Charging:** _____

Is any portion of the officer’s salary charged to a sponsored grant/contract? Yes No

If yes, please complete the information below:

1. Please identify the grant/contract award # and project # in which officer receives funding:

- Sponsor Award # _____ Project # _____
- Sponsor Award # _____ Project # _____
- Sponsor Award # _____ Project # _____
- Sponsor Award # _____ Project # _____

Requestor’s Name : _____ **Date:** _____

If description of activity includes teaching in non-degree non-credit programs, please complete the visa information section:

VISA INFORMATION

Note to Non-immigrant Individuals: If you are employed in a non-immigrant visa status such as J-1, F-1, H-1B, O-1, TN, or E-3, there may be restrictions on your ability to teach in addition to your research responsibilities depending on your visa type.

This section must be completed by ISSO : Jane Acton (Morningside/Manhattanville, ja378@columbia.edu) or Kathleen McVeigh (CUIMC, kcm1@cumc.columbia.edu)

Visa/Status Classification: _____ **Visa expiration date:** _____

ISSO Comments: _____

APPROVALS FOR ADDITIONAL COMPENSATION

Note: For CUMC officers, this form must be signed by the CUMC Administration/Payroll office (for CUMC Officers); for Morningside and Lamont-Doherty Earth Observatory, this form must be signed by the Provost’s Office.

1. Chair/Director of Department/Institute/Center (print name): _____

Signature: _____ Date: _____

2. School Senior Business Officer or Other Dean or EVP Designee (print name): _____

Signature: _____ Date: _____

3. Sponsored Projects Administration (Signature certifies SPA approval)

Print Name: _____

Signature: _____ Date: _____

4. CUMC Administrative/Payroll Office: **(For CUMC Officers Only)** (Signature certifies CUMC's Dean's Office approval)

Print Name: _____

Signature: _____ Date: _____

5. ISSO (Signature certifies ISSO's approval)

Print Name: _____

Signature: _____ Date: _____

6. Provost's Office: **(For Morningside and LDEO)** (Signature certifies Provost's Office approval)

Print Name: _____

Signature: _____ Date: _____