

University of Northern Iowa

Faculty Summer Work Declaration Form

(Must be attached to all summer PAFs. If you need more space, please complete two forms.)
 Summer work must be in compliance with University Policy 4.41.

Faculty Name: _____ University ID: _____ Faculty Home Department: _____

SUMMER TEACHING: Please list summer class/classes you will be teaching, along with course number and session dates. Please consult <http://www.uni.edu/hrs/paf/summer-percent-time> to view complete university policy regarding the calculation of percentage of time in the summer term.

Abbreviated Course Name:	Course / Section Number:	Class or Session Dates:	Number of Credits:	Continuing Ed. (yes/no)	Study Abroad (yes/no)	Percentage of Time*	Amount \$

- Guided Independent Study with Continuing Ed. Non-Standard Teaching (Readings, Research, Independent Study, etc.)

ADDITIONAL SUMMER WORK: Please select what additional types of summer work you plan to complete and provide details on dates, work duties, and compensation.

- Summer Research Fellowships per Faculty Handbook 4.16 (Note: Recipients may generally not have another assignment (teaching, grant work, etc.) during their Fellowship period):**
- 4 week: May 13 – June 7 June 10 – July 5 July 8 – August 2
 8 week: May 13 – July 5 June 10 – August 2 Other 8 Week (Please specify): _____

Research & Sponsored Programs – Research & Grants:

Name of Grant:	Start Date:	End Date:	Percentage of Time:	Amount \$

Faculty members working on sponsored projects are generally expected to be onsite unless their research requires off-site activities. As an academic year faculty, you do not accrue paid vacation. If you take vacation during the summer, it must occur during the time you are not being compensated on the sponsored project. When you are committed full-time to a sponsored project or projects you should not spend time on other unrelated activities e.g. writing proposals for future funding, traveling on business not related to that sponsored project(s), preparing for classes, attending university meetings, unless these activities are allowable expenses on the particular source of funds. You will be required to certify on the summer Personnel Activity Report (effort report) that you worked on the sponsored project during the period for which you received summer salary and for the amount of time for which you were compensated.

Summer Camps*:

Name of Camp:	Start Date:	End Date:	Percentage of Time:	Amount \$

* Background check required per policy 13.21

College or Department Research / Creative Activity Support:

Name of Activity:	Start Date:	End Date:	Percentage of Time:	Amount \$

Approved Summer Orientation Advising: Check which days you will be working for summer orientation: (Tuesday & Friday mornings from 8:15am to 12:15pm)

Training Fri. 5/31 <input type="checkbox"/>	Tue. 6/4 <input type="checkbox"/>	Tue. 6/11 <input type="checkbox"/>	Fri. 6/14 <input type="checkbox"/>	Tue. 6/18 <input type="checkbox"/>	Fri. 6/21 <input type="checkbox"/>	Tue. 6/25 <input type="checkbox"/>	Fri. 6/28 <input type="checkbox"/>	Tue. 7/2 <input type="checkbox"/>	Tue. 7/9 <input type="checkbox"/>
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Summer Orientation Learning Partnership: Check which afternoons you have been scheduled to lead the Learning Partnership session:

	Mon. 6/3 <input type="checkbox"/>	Mon. 6/10 <input type="checkbox"/>	Thu. 6/13 <input type="checkbox"/>	Mon. 6/17 <input type="checkbox"/>	Thu. 6/20 <input type="checkbox"/>	Mon. 6/24 <input type="checkbox"/>	Thu. 6/27 <input type="checkbox"/>	Mon. 7/1 <input type="checkbox"/>	Mon. 7/8 <input type="checkbox"/>
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Other:

Name of Activity:	Start Date:	End Date:	Percentage of Time:	Amount \$

As of the signing of this declaration form, this is the total of my summer work to the best of my knowledge. Should another appointment arise after I have completed this form, I will resubmit the form to include the additional information.

Faculty Signature: _____

Date: _____

By signing this form I have reviewed the summer work activities of the faculty member noted, and certify that it is in compliance with University Policy 4.41.

(Home) Department Head Signature _____

Date: _____

This form should be attached to the PAF. Original form should be kept on file in the department office.