

Miami University Grant Appointments and Consulting

This form is used to employ someone on a grant. It may also be used to pay approved [one-time only] additional payments to faculty/staff from a grant.

Section 1. To be completed by the Director or Principal Investigator *PRINT or TYPE*

Last Name		First Name	Social Security Number:
Miami University Position Title/Rank:		Position Title listed on Grant budget:	Banner ID Number:
Name of Grant or Contract to be Charged:			Banner Index Code:
School Year Base Salary (if applicable) : 20 - 20 \$		Banner Position #:	Account Code:
Appointee's Department:			Campus:

Section 2. APPOINTMENTS only **MARK ONE:** Original Amended

Dates of Employment Period:		Length in Weeks/Months:
A	Salary requested for above employment period: <i>(Use actual salary rate, not the budget estimate used in the grant proposal)</i>	\$
B	Percentage of time and effort during period:	%
C	Salary budgeted in grant for above employment period: <i>(If A exceeds C, discuss a budget revision with Miami's Grants and Contracts Office before proceeding.)</i>	\$

Section 3. CONSULTING only – calculation of Consulting payment

Dates of Employment/Consulting Period:		
A	Daily Consulting Rate	(verified by Academic Personnel) \$
B	Total number of days consulting	days
C	Total Consulting Payment	[A x B] \$

Section 3. Approvals – Required

For those requesting approval of additional pay: If any portion of this individual's pay during the period indicated above is provided by a Federally funded grant or contract, this pay together with all other payments provided by Miami University will not exceed an amount equivalent to full-time compensation for such period(s).

For those requesting approval for consulting: For full-time members of the instructional and administrative staff, outside consulting or professional work, for which the individual receives compensation over and above the person's normal compensation from Miami, shall not exceed an average of one day per working week in any semester.

Date: _____ Signed: _____ Director or Principal Investigator

Print Name: _____

To the best of my knowledge and belief, the above statements are true. I, therefore, request approval.

Date: _____ Signed: _____ Department Chair/Director

Date: _____ Signed: _____ Regional Campus Dean

Date: _____ Signed: _____ Dean

Date: _____ Signed: _____ Provost/Vice President

Date: _____ Signed: _____ Grants and Contracts

To be completed By Payroll Office: Earnings Type: _____ City Tax Code: _____