

Michigan Technological University

Full Off-Semester (summer) Appointment Request And Certification Form

(To be filled out for any requests for pay OVER 10 weeks)

TO: _____

(Supervisor, Department Chair, Dean)

FROM: _____

(Name of Faculty Member Requesting Full Off-Semester Appointment)

Off-Semester Period:

(Start and End Date of When Work Will Be Performed)

Start Date: _____

End Date: _____

I hereby apply for full off-semester (summer) compensation.

I acknowledge and accept that if this request is approved, and I receive the entire off semester compensation (14 weeks), I will forgo any opportunity for time-off/downtime between semesters and confirm that my obligations for the upcoming academic year will be met.

If I receive the entire off-semester compensation from externally sponsored projects, no proposals can be submitted during this time. I understand that proposal preparation costs are unallowable as a direct charge to externally sponsored projects.

Faculty Signature

Supervisor Signature