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**University of Idaho SUMMER CONTRACT AND WORKSHEET**

**SUMMER 2023**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [Name] |  | [Faculty Rank or N/A] | | | Date: | [x] | |
| [Position Class/Title/Faculty Type/Administrative Role/Temp Faculty] | | | | | | | |
| [College] | | |  | [Department] | | | |
| [V Number] | | |  | [Total salary to be paid (must match worksheet): [x] | | | |
|  | | | | | | | |
| **Maximum salary calculations are only applicable to UNIVERSITY FACULTY ONLY** (N/A for Temp Faculty)  **Maximum available summer salary hours=520**  Up to 13 weeks available (May 14, 2023, through August 12, 2023**)**  *The above available hours include holidays during the summer contract period* | | | | | | |  |
|  | | | | | | |
| Faculty AY Base Salary: | $(fiscal year 2023 base salary) | | | | | |
| Administrative Increment: | $(if applicable) | | | | | |
| Total AY Contract Salary: | $ (sum of base plus stipend if applicable) | | | | | |
| Total Maximum Summer Salary Allowed:  *13 (weeks) x 40 (hours) x hourly rate* | $ (total max salary) | | | | | |
|  | | | | | | | |

This summer salary agreement must be **signed and returned to the provost’s office prior to the start date of the appointment** and is subject to final approval by the President of the University or designated Provost and Executive Vice President or Vice President to make the appointment effective.

This agreement confirms the concurrence of the University and the employee regarding compensation to be provided to the employee for services rendered during the summer contract period indicated above. This agreement and employee’s employment during the summer contract period are subject to all policies and procedures of the Idaho State Board of Education and Regents of the University of Idaho and all policies and procedures of the University of Idaho Faculty-Staff Handbook, the University of Idaho Administrative Procedures Manual, the Guidelines for Faculty Summer Salary, and other University policies, and all may be amended from time-to-time without notice. The employee specifically recognizes and agrees to abide by the terms set forth in Faculty-Staff Handbook Section 5300, Copyrights, Protectable Discoveries, and Other Intellectual Property Rights, and 5400, Employment Agreement concerning Patents and Copyrights. Employee is subject to termination for adequate cause or as a result of a declared financial exigency or program closure, and is subject to non-renewal, all as set forth in the Regents’ policies.

Employee will fulfill his/her duties and assignments during the summer contract period on the specific dates listed above and on the attached approved Faculty Summer Salary Worksheet, incorporated by this reference, and will be paid the amounts from the accounts listed in the Worksheet.

This summer salary agreement constitutes the entire agreement of the parties with respect to employee’s employment and compensation for the summer contract period referenced above, and there are no oral or other written agreements relative to summer salary unless specifically incorporated under "Other Conditions" below. This agreement may be modified only in writing when signed by all parties and, when applicable, approved by the Regents of the University of Idaho.

**OTHER CONDITIONS:**

|  |
| --- |
| Employee acknowledges and agrees that the Summer 2023 Faculty Guidelines apply to this contract. If the salary and other benefits for the summer contract period are funded from a grant or other sponsored research, only time spent in actual work will be paid. Accordingly, if the work is performed under grant funding or other sponsored research, employee will not be paid for the Memorial Day, Juneteenth and/or 4th of July holidays unless employee performs work on the holiday, and employee understands and agrees that salary will be paid only for the actual time worked. Employee understands and agrees that the provisions of FSH 3460 F-1 do NOT apply to the summer contract period if work is performed under grant funding or other sponsored research, and in such event, waives any right to seek compensation for holiday pay during the contract period. |

|  |  |  |
| --- | --- | --- |
| **Type of Appointment (Select all that apply, then complete the required section below)** | | |
| Teaching |  | Complete section 1 below |
| Administrative |  | Complete section 2 below |
| Course Development |  | Complete section 3 below |
| Research |  | Complete section 4 below |
| Other (Outreach, etc.) |  | Complete section 5 below. Consult with Provost Office if needed. |

**Section 1. Teaching Appointment (List one course per line)**

\*If pay is determined by enrollment include the formula for pay and salary cap for the course in the salary amount box below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Start date** | **End date** | **Subject/Course** | **Credit(s)** | **Hours worked per week** | **FTE** | **Index(es)** | **\*Salary amount** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Subtotal: |  |

**Section 2. Administrative Appointment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Start date** | **End date** | **Administrative Assignment (ex. Dept. Chair duties)** | **Hours worked per week** | **FTE** | **Index(es)** | **Salary amount** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | Subtotal: |  |

**Section 3. Course Development (One assignment per line)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Start date** | **End date** | **Subject/Course** | **Hours worked per week** | **FTE** | **Index(es)** | **Salary amount** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | Subtotal: |  |

**Section 4. Grant Funded Research, Sponsored Activity, Other Research Activity (One appointment/project per line)**

|  |  |
| --- | --- |
| Maximum salary per pay period  *Max salary/6.5 pay periods* | $ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start date** | **End date** | **Hourly rate** | | **Length of appointment** | **Hours per week worked** | **FTE** | **Index(es)** | **Salary amount** |
|  |  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  | Subtotal: |  |

**Section 5. Other Work**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Start date** | **End date** | **Hourly rate (required if being paid hourly and not lump sum)** | **Appointment Duties (Include the scope of work, Outreach, etc.)** | **Hours per week worked** | **FTE** | **Index(es)** | **Salary amount** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Subtotal: |  |

**By initialing and signing this form, I understand and agree to abide by the following (please initial, MUST be completed).**

\_\_\_\_\_ Individuals with a summer appointment do not earn annual leave. If I take vacation, it must occur during the time I am not paid. If my summer salary agreement requires me to work for the entire 13 or 14 week (depending on the given year) summer contract period, I understand that I can take no vacation.

\_\_\_\_\_ If my plans change (including the percent of effort committed to an activity or project) greater than 5% over the summer period, I will request a corresponding change to my summer contract as soon as those changes become known.

**By signing this form, I certify that I have read the Guidelines for Faculty Summer Release Salary, and I understand and agree to abide by the following related to sponsored projects (please initial or indicate N/A if not applicable):**

\_\_\_\_\_ During any period for which I am earning salary on a sponsored project, I will work the percent of effort indicated (compliant with the submitted and approved proposal and agreement terms) and will perform work directly related to the sponsored project that is providing my compensation.

\_\_\_\_\_ During any time for which I am committed full-time on a sponsored project, I will not spend time on other unrelated activities, such as writing proposals for future funding, traveling on business not related to that sponsored project, and preparing for classes, unless these activities are allowable expenses on the particular source of funds, or the time devoted to the activities is considered *de minimus* (defined by the University of Idaho to be 5% or less of total time for the period).

\_\_\_\_\_ If I am paid from a sponsored project, I will certify on my effort report that I worked on the sponsored project during the period for which I received summer salary and for the amount of time for which I was compensated.

**Summer Contract and Worksheet Approval at Department and College Level:**

By signing below the faculty and unit/college is acknowledging that it is the unit’s responsibility to track and ensure that the information in this contract is correct and that the faculty is not contracted to work over 1.0 FTE. The below parties agree to abide by the policies and guidelines for summer contracting.

Certified by: ￼\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee signature required Date

Certified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Unit Grant Administrator (Required if Section 4 is completed) Date

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head/Chair signature Date

Approved: ￼ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Administrator signatures (e.g. Dean, CEO) Date

**University Contract Approval:**

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President, Provost, Or Vice President Date

**Submission Steps**: Submit the fully completed and signed form to the units designated Share Point drop box for review and final approval by the Provost Office. Hard copies cannot be accepted by the Office of the Provost and Executive Vice President. **Work can only commence after the contract has been fully approved. EPAF can be generated upon final approval by the Office of the Provost and Executive Vice President.**

**For department/college use only:**

Units can use this space as needed to indicate notes, EPAF comments, fund and activity codes, etc.