

**SUMMER FACULTY SPONSORED PROJECTS SUPPORT REQUEST
COMMITMENT OF EFFORT**

(For All Sponsored Projects - Must Accompany Faculty Member's Notice of Appointment)

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

_____ Last Name First Name Middle Initial

_____ BP# Name of Project AIS #

READ BEFORE SIGNING:

I am requesting summer salary from Federal, State, and/or other sponsored project(s) funds. I understand and certify that for this 100% FTE appointment, I will work exclusively on the projects charged during the summer period.

Further, I acknowledge that this appointment does not allow for vacation/personal time/consulting, writing proposals for other projects, and/or performing other instruction or departmental activities for the University.

If my actual summer duties are not exclusively related to the project(s) charged, I understand that it is my responsibility to work with my unit to submit the necessary paperwork (i.e., a revised Position Request Form (PRF), Assignment Costing Form, or Summer Session Cancellation Form) in order to substitute an alternative account number from which I will be paid or reduce the number of months appointed, as appropriate. I understand that reductions in committed effort may require the prior approval of, or notice to, my sponsoring agencies.

I also affirm that I am current in my institutional reporting effort.

_____ Faculty member's signature Date

ADMINISTRATIVE APPROVALS (As required by campus)

_____ Chair/Director Date _____ Dean Date _____ Vice Chancellor/Provost Date

_____ Other administrative approval Date _____ Chancellor Date

For PVC use only: PRF # _____
