

**University of Northern Iowa
2023 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: _____ Faculty ID#: _____ Faculty Home Department: _____ Date: _____

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:	Online & Dist. Ed funding? (yes/no)	Study Abroad (yes/no)	Percentage of Time	Amount \$

- Guided Independent Study with Online & Distance 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.

If recipients have Fellowship-related additional funding, they must contact the Graduate College.)

4 week: May 16 – June 10 June 13 – July 8

- Research & Sponsored Programs - 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*:** (*camps being paid for by grants should be listed above, under "Research & Sponsored Programs"*).

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

*Background check required per policy 13.21

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

College or Departmental Research / Creative Activity Support:

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

Other:

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

Approved Summer Orientation: Check which days you will be working for summer orientation

6/6 <input type="checkbox"/>	6/9 <input type="checkbox"/>	6/12 <input type="checkbox"/>	6/13 <input type="checkbox"/>	6/16 <input type="checkbox"/>	6/20 <input type="checkbox"/>	6/22 <input type="checkbox"/>	6/23 <input type="checkbox"/>	6/26 <input type="checkbox"/>	6/27 <input type="checkbox"/>	7/6 Virtual <input type="checkbox"/>	7/7 <input type="checkbox"/>	7/10 <input type="checkbox"/>	7/11 <input type="checkbox"/>	7/31 Virtual <input type="checkbox"/>	8/14 Virtual <input type="checkbox"/>
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Transfer Orientation & Registration: Check with days you will be working for transfer orientation & registration

4/21 Virtual <input type="checkbox"/>	4/28 Virtual <input type="checkbox"/>	6/5 Virtual <input type="checkbox"/>	6/15 Virtual <input type="checkbox"/>	6/28 Virtual <input type="checkbox"/>	7/13 Virtual <input type="checkbox"/>
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Advisor Training: Select all that apply.

Advisor Training (3 hours each)	5/24 <input type="checkbox"/>	5/25 <input type="checkbox"/>
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_____ By initialing the box to the left, I (**the faculty member** listed above) certify that as of the date on this declaration form, this is the total of my summer work. Should another appointment arise after I have completed this form, I will resubmit the form to include the additional information.

_____ By initialing the box to the left, I (**the home department head**) have reviewed the summer work activities of the faculty member noted and certify that it is in compliance with University Policy 4.41. *DH - see below if Online & Distance Ed is paying for a portion of this faculty member's work.

* Faculty members should forward this completed form to their department head for approval. **Once approved, if Online & Distance Education will be paying for the faculty member, the department head should forward this form to online@uni.edu.**

This form must be attached to the summer PAF.

An electronic copy should be kept on file in the department office.