

## Academic Year Salary Recovery Form 2018-2019

- Use this form to
  - Claim recovery funds from Academic Year Salary supported by an external sponsored project using the 60/10/30 program, and/or
  - Confirm 5% of AY salary recovered from an external sponsored project was used towards summer effort using the 5% for 3 of 9 program
- **Recovery funds are distributed at the end of first semester (December 31, 2019), after salary is recovered on ECAS personnel budget and identified on the externally funded project(s). A Labor Distribution Report will be run by ORFS.**
- This form does **not** make the necessary change in payroll distribution required to channel salary funds from externally funded projects into faculty payroll. **In order to change payroll distribution and claim funds from the externally sponsored project, the Principal Investigator or appropriate administrative personnel must have contacted ECASHR to request a HRAF change.**
- Submit completed form to Connie Copeland, [ccope01@emory.edu](mailto:ccope01@emory.edu).
- **Deadline: 5:00 PM, Friday, September 27, 2019.**

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Faculty Name: \_\_\_\_\_ Department: \_\_\_\_\_

Department Teaching Load:    1    2    3    4    Number of Course Releases: \_\_\_\_\_

Select the program(s) in which you participated? *(Salary posted to UTBGs, summer salary and fringe benefits are excluded)*

- 5% for 3 of 9** *(bank 5% of AY (9-month) base salary for 3 months during September – May in the AY preceding submission deadline)*  
*\* used only when 100% summer salary is expected for June, July and August since a grant can pay only 95% during any summer month. Note: during the three summer months the 5% will be charged to the E&G; therefore, funds will not be distributed to the faculty or department speedtype.*
- 60/10/30 Academic Year Salary Recovery** *(claim recovery on salary paid in AY preceding September 2019 deadline)*

Grant SpeedType	Project ID #	Total salary charged to project	Academic Month charged

**Distribution Information** *(There is no return on the portion of recovery applied to fringe benefits)*

Faculty research speedtype to receive recovery funds	
Department speedtype to receive recovery funds	

**Faculty Investigator**

**Department Chair**

\_\_\_\_\_  
Signature (required)                      Date

\_\_\_\_\_  
Signature (required)                      Date