



Retroactive Summer Salary Justification Form

Faculty Information

Name: _____

Department: _____

Email: _____

Phone: _____

Project Information

Sponsor: _____

Project Title: _____

Project Number: _____

Summer Effort Period Worked (dates): _____ **!!!NOTE: Must match ePAS.**

Effort Certification

Describe work performed during summer period:

Justification for Retroactive Request

Reason for retroactive submission:

PI Certification

I certify that the above-named individual worked on the sponsored project during the stated period, and that the effort and salary charged accurately reflect the work performed.

PI Name: _____ Signature: _____ Date: _____

Department Chair/Dean Approval

Chair/Dean Name: _____

Signature: _____ Date: _____

Comments: _____

Sponsored Programs Administrative Office Use Only

GCA - Reviewed by: _____ Date: _____

Approved: Yes No

Notes: _____

Academic Affairs Review and Approval:

Reviewed by: _____ Date: _____

Approved: Yes No

Notes: _____