

**BRYN MAWR COLLEGE
FACULTY SUMMER SALARY FORM**

WHEN TO USE THIS FORM

Appointments to the faculty are generally made for a nine-month contract that correlates with academic year. For faculty on continuing appointment, nine-month salaries are paid over a twelve-month period beginning on the contract start date. Work performed during the summer—the three off-contract months—is eligible to be paid as Summer Salary.

INSTRUCTIONS CALCULATING SUMMER SALARY

According to the Faculty Handbook, summer employment at Bryn Mawr, e.g. teaching in the summer language programs or the Post-Baccalaureate Pre-Medical School Summer Program, working on curriculum development, or on research grants administered by or through the College, may be compensated at a monthly rate not to exceed one-ninth of the faculty member's base annual salary for the preceding academic year.

The total amount summer salary paid in any one calendar year should not exceed two-ninths of the base salary for the summer effort. Grant-related exceptions may be made in consultation with the Provost.

INSTRUCTIONS FOR COMPLETING THE FORM

Budget Managers should use this form for paying summer salary to tenured faculty, tenure-track faculty, continuing non-tenure-track (CNTT) faculty, and interim faculty on multi-year appointments. (Payments to interim faculty members for off-contract months should be processed using the Faculty Appointment Information Sheet, Summer Appointment.)

Budget managers should complete the form and request that one of the two authorized persons (listed below) sign and submit the Form to Human Resources for processing.

1. For all Grants-funded projects, those with Project IDs beginning with 4, 21 or 22, send the completed form to Sarah E. Robertson in the Sponsored Research Office.
2. For all non-Grant-funded projects, send completed form to Erin Walsh in the Provost's Office.

Retain copies for your records.

Authorized forms transmitted to Payroll by the 15th of the month will be processed in that month's payroll.

FACULTY INFORMATION

NAME OF PAYEE: _____ BMC ID #: _____

16-DIGIT ACCOUNT NUMBER:

Fund (1)	Account Code (5)	Department (5)	Project (5)

DETAILS OF COMPENSATION (to be completed by the Budget Head):

Months of Service	Work Performed	Base Academic Salary	One-Nine Equivalent	Amount Requested

Budget Head: _____ Department: _____ Date: _____

Grants Office Signature (if applicable): _____ Date: _____

Provost's Office Signature: _____ Date: _____

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- For the purposes of budgeting, Budget Managers should review the benefits cost.
 - Persons receiving summer salary may want to revisit their Tax Withholding. Using the IRS's withholding calculator, <http://www.irs.gov/individuals/article/0,,id=96196,00.html>.