St. John's University Office of Grants and Sponsored Research

Policy Statement Additional Compensation for Employees Working on Sponsored Programs

Introduction

The purpose of this policy statement is to clarify the requirements and procedures for additional compensation paid to employees on sponsored programs.

Exceptions

The policy does not apply to payments made to faculty members on nine-month appointments for work performed during the summer break.

Requirements

The following conditions/requirements must be met before additional compensation will be paid on sponsored programs:

- Any additional compensation to be paid at any time during the award period needs to be listed in the original proposal budget, budget justification and Project Abstract and Budget Summary (PABS) form as additional compensation. The proposal should include the employee name, the position, the task for which the compensation will be paid, amount of the payment, how it is calculated, and the time period in which the work will be performed.
- If additional compensation was not requested in the proposal as described above, the sponsor has to be informed of the intent to pay additional compensation and sponsor approval has to be provided in writing to the Office of Grants and Sponsored Research (electronic or hardcopy) before work begins. Please note, if funds budgeted for salary buyback are being transferred to pay additional compensation, the approvals of the appropriate dean and the Vice Provost are required prior to soliciting sponsor consent.
- The additional compensation to be paid, when added to all other additional compensation paid to the employee from all sources in the present fiscal year (with the exception of payments for work performed during the summer session by faculty on nine-month appointments), cannot exceed 20% of the employee's base salary.
- If the sponsoring agency is federal or using flow-through funds or requires applicants to meet federal grant requirements, the employee who will be

paid additional compensation cannot be a member of the same department as the PI of the sponsored program.

Additional Compensation Pre-approval Form

In order to ensure that an employee's supervisors are informed of the additional compensation, an Additional Compensation Pre-approval Form must be completed and fully signed prior to undertaking the efforts for which additional compensation is requested. The Additional Compensation Pre-approval Form is attached. The project director must fill in the appropriate information including recipient faculty member's name/department, time/effort, rate/amount of compensation and time period/dates that effort will be carried out. The project director must list any other additional compensation from University activities that the employee has received or expects to receive for work performed that fiscal year (with the exception of payments for work performed during the summer session for faculty on nine-month appointments). If the additional compensation is being requested for a faculty member the form must by signed by that faculty member, the faculty member's chair and dean, the project director of the sponsored program, and the Director of the Office of Grants and Sponsored Research. If the additional compensation is being requested for a staff member or administrator the form must by signed by that employee, the employee's supervisor, the project director of the sponsored program, and the Director of the Office of Grants and Sponsored Research.

All signatories verify the accuracy and completeness of the information provided. Once all other signatures have been attained, the Director of the Office of Grants and Sponsored Research will review the information and check to ensure that the requested payment meets all requirements. If the request meets the necessary requirements the Director will sign the form and return a copy for the project director to retain.

Requesting Payment

Following the completion of the work the PI must submit a completed Personnel Change Form (PCF) and a Log of Service to the Office of Grants and Sponsored Research. The OGSR will give the final approval before sending all the information to Human Resources to process for payment.

St. John's University Office of Grants and Sponsored Research Additional Compensation Pre-approval Form

SECTION A: To be completed by the Project Director of Sponsored Program

Project Director					
First Name:	Last Name:			Department:	
Employee to be paid					
First Name:	Last Name:			Department:	
X Number:	Title:			Role on project:	
Project Information					
Sponsor Name:	Org: Fu	nd:	Account:		
Description of work to be performed:					
· ·					
Start Date:	End Date:			Total # of Hours or Days:	
				,	
Amount Requested:	Details of Calculation:				
Amount Requested.	Details of Gale	diation	•		
Is this work outside of the norma	al duties of the e	employe	ee? ∐ Yes	□ No	
If "No", provide detail:					
Will this work be performed outs	ide of the norm	al hour	s of the em	ployee? Yes No	
Will this work be performed outside of the normal hours of the employee? Yes No					
If "No", provide detail:					
Please list all other activities for which the employee has or expects to receive additional					
compensation through the University during the current fiscal year (do not include base salary or summer salary for faculty members on 9-month appointment). Payment amount is required.					
summer salary for faculty memb	ers on 9-month	appoir	itment). Pa	yment amount is required.	
Date Hours Worked Loc	ation	Natur	e of Service	es	

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SECTION B: Approvals

Before signature and submission, please note that every employee must also meet the following eligibility requirements of the University:

- -The employee must be in good standing.
- -The employee cannot be under any corrective action.
- -This work must not conflict with current employment responsibilities and work hours.

By signing below, I certify that I have reviewed this form and that it is complete and accurate to the best of my knowledge.

Project Director/Principal Investigator	
Signature	Date
Employee	
Signature	Date
Chair/ Department Head/ Vice President/ Equiva	alent
Signature	Date
Dean (only if the employee is a faculty member)
Signature	Date
SECTION C: Review I have reviewed this form and have judged th University and sponsor policies.	at the requested payment is in compliance with
Director, Office of Grants and Sponsored Resea	rch
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