



College of Humanities and Social Sciences  
**Research-Extended Appointment Request**

This form is used for 9 month Instructional Faculty to temporarily convert to a 12 month Research-Extended Appointment when sufficient funding from sponsored projects is secured/expected and will support a minimum of an additional 3 months of salary plus full fringe benefits. This request form must be submitted to the CHSS Executive Director of Finance and Human Resources in the Dean’s office **no later than August 1<sup>st</sup>** of the year in which the extended appointment will begin.

**Faculty Section**

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**Faculty Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Department:** \_\_\_\_\_

I request a research-extended appointment effective 8/25/20\_\_\_\_ through 8/24/20\_\_\_\_\_.

**Funding Required:**

Current 9-Month Salary: \_\_\_\_\_  
 12-Month Salary (Conv Factor 1.333): \_\_\_\_\_  
 Additional Salary to be Covered: \_\_\_\_\_  
 Additional Fringe (use current FY faculty fringe rate): \_\_\_\_\_  
 Total Funding Required: \_\_\_\_\_

**Funding Plan:**

Grant	Status (Active/Pending)	Fund/Proposal Number	Amount

Must provide additional funding as guarantee for any pending grants

Indirect Sources	Org Number	Amount

**Faculty Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Request for Departmental Guarantee of Funding (if applicable)**

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As I do not have sufficient indirect funding to guarantee the pending grants in my funding plan, I am requesting that the department provide a funding source that can be used as the guarantee.

Amount Requested for the Department Guarantee: \$ \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I approve the above request for departmental funding to serve as a guarantee in the event the grant is not awarded.

Departmental Org for Guarantee: \_\_\_\_\_

**Department Chair Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dean's Office**

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I have reviewed the faculty member's funding plan and recommend approval of the request for a research extended appointment by the Dean.

**Director of Finance:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I have reviewed the faculty member's funding plan and recommend approval of the request for a research-extended appointment by the Dean.

**Associate Dean for Research:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I approve the faculty member's request for a research-extended appointment from 8/25/20\_\_ through 8/24/20\_\_.

**Dean College of Humanities and Social Sciences:** \_\_\_\_\_

**Date:** \_\_\_\_\_