

Employee Salary Request

(see next page for instructions)

Requesting Org Unit

Date:

New Revised

Requestor:

Dept/Inst/Ctr:

Phone:

email:

Name of Employee:

Duke Unique ID:

Anticipated Effort (percent):

Calendar

Academic

Summer

Anticipated Start Date of Project:

SPS Number:

Name of PI on project:

Sponsor limits salary to Executive Level I Cap: yes no

Responding Org Unit

Date:

Responder:

Dept/Inst/Ctr:

Phone:

email:

Employee Status and Salary*

12 Cal Mos Faculty Salary:

9 Acad Mos Faculty Salary:

3 Summ Mos Faculty Salary:

Postdoc/Housestaff Salary:

Graduate Student Salary:

Exempt/Monthly Salary:

Bi-weekly/Hourly Salary:

Student - enrolled Salary:

VA Appointment (MOU required): yes no

Tuition Remission Required for Graduate Students:

Fall Tuition:

Spring Tuition:

Summer Tuition:

Salary Notes:

* Salary amount must be documented in iForms. Do not inflate or prorate salaries. Owing Org of proposal is responsible for assigning salary to appropriate periods. If a significant increase/decrease is expected within the next 12 months, provide explanation.

Confidentiality Statement: The information requested and provided is sensitive, protected information intended only for the requestor and for the purpose of pricing sponsored research projects for Duke University. Any other person, including anyone who believes he/she might have received it due to an addressing error, is requested to notify the sender immediately by return electronic mail, and to delete it without further reading or retention. The information is not to be forwarded or shared unless in compliance with Duke Medicine policies on confidentiality and/or with the approval of the sender.

Employee Salary Request Instructions

The requesting org unit (department/division/center) creating a proposal in SPS will complete the fields on the left side of this request form, and submit it to the "salary single point of contact" (SSPOC) of the department for each collaborating faculty or staff member. The SSPOC of the responding org unit will complete the right side of this form and return it to the requesting org within 2 business days.

REQUESTING ORG UNIT

Complete all fields on the left side of this form.

- o Select "New" if this is the first request for this project or "Revised" if a follow-up request.
- o Include Duke Unique ID of the individual if known.
- o Enter Anticipated Effort in percent.
- o Specify whether Executive Level I (NIH) salary cap applies to this proposal.

Save form* and send via email to the appropriate SSPOC as identified on the [ORA/ORS](#) websites. You can use the Print Form button to print a copy for your records. The Reset Form button will clear all data from all fields.

* When saving the completed form, please use the naming convention "SPS # / Individual Last & First Name / Date Requested". Example: "SPS170190 Smith John 02-01-10.pdf"

RESPONDING ORG UNIT

The Responding Org Unit's SSPOC should complete all fields on the right side of this form.

- o Enter the current salary in the correct field, based on the faculty/employee type.
- o Use the current annual Institutional Base Salary (IBS). Do not include supplements, PDC salary, VA salary, or any other source of pay.
- o The total IBS should be listed even when it exceeds NIH's salary cap, to ensure accurate cost sharing information is recorded and to allow for higher salary recovery in the event the salary cap increases.
- o The listed salary **should not** reflect any inflation (e.g., 3%) for current or future years - the owning org of the proposal is responsible for projecting future inflationary increases in the out years of the proposal budget based on the project period dates.
- o The listed salary **should** reflect promotions in progress, work reassignments or other actions that will result in a salary change. This proposed salary change must be supported by documentation approved by an authorized departmental administrator. Use the Salary Notes field to provide details and to specify when this change will occur.
- o Specify whether the individual has a VA appointment. If yes, an active VA MOU is required.
- o If the individual is a graduate student, indicate the semester(s) and amount of tuition remission required.

Save form* and return to Requestor via email within 2 business days of receipt.

* When saving the completed form, please use the naming convention "SPS # / Individual Last & First Name / Date Returned". Example: "SPS170190 Smith John 02-03-10.pdf"