



Faculty Summer Researcher Assignment Authorization

Note: This form should only be completed for Summer Research Assignments.

Initiator: _____	<i>Log (For office use only):</i> _____
Name: _____	NJIT ID: _____
Department: _____	Institutional Base Salary: _____
Assignment Start: _____	Assignment End: _____
Position Number (<i>to be entered by Budget</i>): _____	
Total Amount: _____	

Is this your first Summer Research authorization form for this Summer? _____

Labor Distribution: (**Enter either % or \$, not both.*)

<u>Index</u>	<u>Account</u>	<u>Effort Start</u> <u>Date</u>	<u>Effort End Date</u>	<u>*%</u>	<u>*\$</u>
Total Distribution:					

Additional Remarks: (Please specify requested pay dates)

Approvals:

Principal Investigator: _____	Date: _____
Department Chair: _____	Date: _____
Grants Office: _____	Date: _____
Budget Office: _____	Date: _____

HR/Payroll Use Only:

Entered by: _____	Date: _____
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HR Notes: _____