



Retroactive Summer Salary Justification Form

Faculty Information

Name: _____
Department: _____
Email: _____
Phone: _____

Project Information

Sponsor: _____
Project Title: _____
Project Number: _____
Summer Effort Period Worked (dates): _____

!!! **NOTE:** Dates must match ePAS.

Effort Certification

Describe work performed during the summer period:

Justification for Retroactive request

Reason for retroactive submission:

PI Certification

I certify that the above-named individual worked on the sponsored project during the stated period, and that the effort and salary charged accurately reflect the work performed.

PI Name: _____ Signature: _____ Date: _____

Department Chair/Dean Approval

Chair/Dean Name: _____
Signature: _____ Date: _____
Comments: _____

[Click to Submit Form for Processing](#)

----- **ADMINISTRATIVE OFFICE ONLY** -----

Sponsored Programs Administrative Office Use Only:

RF HR – Summer Max & Retroactive Review by: _____
Approved: Yes No
Notes: _____

RF GCA – Project Allowability Review by: _____
Approved: Yes No
Notes: _____

Academic Affairs – Summer Max Review by: _____
Approved: Yes No
Notes: _____
