

# Arkansas Tech University

## Request for Compensation – Grants and Sponsored Programs

Faculty Member \_\_\_\_\_

Title of Grant \_\_\_\_\_

Awarding Agency \_\_\_\_\_

Position Number \_\_\_\_\_

Index Code \_\_\_\_\_

(to be provided by Budget and Special Programs)

### Payment Allocation Period

Year	Month	Amount
Total Requested		

\*Total salary requested must not exceed total salary approved by granting agency in the awarded budget paperwork.

Does the amount requested during the academic months exceed 20% of your base salary? \_\_\_\_ Yes \_\_\_\_ No

If so, any amount requested above 20% of the academic year salary must have the approval of the Vice President for Academic Affairs and President. Please attach the approval to this form when submitting.

I certify the total amount of compensation requested is in accordance with the applicable program guidelines and has been approved by the awarding agency.

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget and Special Programs Director or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Vice President of Sponsored Programs and University  
Initiatives or Designee

\_\_\_\_\_  
Date