**PART D – Awarded Sabbatical Compensation Summary**

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| ***Instructions to Sabbatical Recipient:****Before May 31st immediately prior to the beginning of the academic year in which your sabbatical will occur, submit this Awarded Sabbatical Compensation summary form to your department.**\*\*****This information is necessary to set up your pay properly for the coming fiscal year. If information changes between May 31st and the start date of your sabbatical, please submit a revised version of this form****.\*\** ***Instructions to Department:****Two ePAFs will need to be processed for each awarded sabbatical. 1) Please include this completed form with the ePAF when processing the salary and FTE adjustments for the faculty member during their sabbatical -- remember that salary adjustments will impact the entire year, not just the semester where the sabbatical occurs. 2) Please include a copy of the Sabbatical Award Letter with the ePAF when processing the leave status change for this faculty member.* |

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| **Department/School:** |       |
| **Faculty Applicant Name:** |       | **UNID:** |       |
| University policy limits the total salary a faculty member may earn while on sabbatical. This limit refers to salary paid on any W-2 form, not to consulting income. The Federal Office of Management and Budget Circular A-21 allows for a maximum of 100% of annual base salary from any source of funds at the University (i.e. funds 1001, 2XXX, 5000, 6XXX). The university will reduce the amount of sabbatical salary it pays if a faculty member receives salary from other sources exceeding the limits below.Base Salary –Total compensation approved in advance as the amount payable to an Employee from funds administered by the University for normal and expected working time and effort, not in excess of 100% of full time. Salary from sources not associated with the University is subject to the salary limits in [Policy 6-314](https://regulations.utah.edu/academics/6-314.php) which limits a combination of university funds and funds not associated with the University to 110% of the annual base salary.  |
| **Please list the amount and source of all supplemental salary for which you have a COMMITMENT or for which you have APPLIED.** |
| **Commitments** *(Confirmed sources of funding)***:** |
| **Description:** | **Source/Fund:** | **Amount:** | **% of Base Salary:** |
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| **Applications (***Pending sources of funding***):** |
| **Description:** | **Source/Fund:** | **Amount:** | **% of Base Salary:** | **Status of Request:** |
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| **I certify that the information provided on this form is complete and accurate and that the total salary will not exceed 110%.**  |
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| *Faculty Applicant Signature* | *Date* |