

Faculty Academic Salary Incentive Program (FASIP) for Sponsored Awards

Request Form for Participation

Guidance on when this form should be completed

Tenure-track or tenured FAS/SEAS faculty members may request to direct charge academic year salary to sponsored awards through FASIP. Eligible faculty are able to charge one, two, or three months of their academic year salary (9-month academic appointment under object code 6010 or 6020) to eligible sponsored awards. Faculty that participate in FASIP will receive 75% (on full on-campus overhead bearing awards) of the salary and associated benefits paid by the sponsor and the funds will be placed in a designated FAS/SEAS research fund for future use. Faculty wishing to participate with awards carrying less than full overhead but not below 15%, will receive a 33% return. For additional information about this program, please click [here](#).

Complete the request form

Form Instructions: If after reviewing the FASIP policy it is determined that this form should be completed, please answer all of the following questions below. Be sure to include details. Once completed please send the form or any questions about completing this form, to [Jacqueline Mordi at jmordi@fas.harvard.edu](mailto:jmordi@fas.harvard.edu).

A. General information

1. Name of the person preparing this request:
2. Faculty name:
3. Faculty HUID:
4. Fiscal year:
5. Department:
6. Is this faculty member tenured or currently in a tenure-track position? Yes No
7. Is this an update to a previous request? Yes No
8. If so, please list the date of the original request:
9. Has any of the award information changed from the original request? Yes No
If so, please provide details from the previous request.
10. Please state the reason for the change:

B. Direct Charging Academic year salary request information

1. What is the 33-digit account string of the sponsored project(s) you are requesting to direct charge academic year salary? We have provided space below for up to three sponsored projects.

Acct. #1	Sponsored IDC rate:
Acct. #2	Sponsored IDC rate:
Acct. #3	Sponsored IDC rate:

2. Please indicate below in monthly increments, which months of this fiscal year your academic year salary will be direct charged to sponsored awards.

July Aug Sept Oct Nov Dec Jan Feb March April May June

Fund 1.

Fund 2.

Fund 3.

3. How many months of academic year salary is being requested to direct charge to sponsored awards?

Fund 1.

Fund 2.

Fund 3.

4. Is there a sufficient balance to direct charge academic year salary to this sponsored award? *Please consider salary, fringe and indirect costs before answering.* ☐ Yes ☐ No

C. Effort Commitment information

1. For this fiscal year, how many months of effort has this faculty member committed to sponsors?(If using SPECTRA, see Effort Commitment section of SPECTRA)

2. Please include the months requested for supplemental salary and direct charge through FASIP. For example, if you requested 3 months of supplemental salary and the faculty is requesting 1 month to direct charge through FASIP, the number you should enter is 4.

D. Additional information (if applicable)

1. Please add any information regarding the faculty's effort on research if relevant to this request.

E. Signatures

Principal Investigator:

Date:

RAS Approver:

Date: