

FACULTY OFF-QUARTER EMPLOYMENT AUTHORIZATION

Electrical Engineering Department--- Site of Research: U C L A

Faculty Name: _____

Title: _____

Monthly: _____

Employee ID#: _____

Code: _____

Annual: _____

It is the responsibility of the Principal Investigator to determine that all employment authorized is in conformity with the terms of the contract or grant and is approved by the contracting agency in advance of the service. Under University regulations, the maximum allowable compensation between the period of 6/14/10 through 09/17/10 including holidays, may not exceed 3/9ths of the annual salary. (57days) University sources include Summer Sessions, Extensions, teaching service on any UC campus, research, and administrative service.

	Account/Fund Number only.	Account End Date	TOTAL		JUNE 13 days max		JULY 22 days max		AUGUST 22 days max		SEPTEMBER 13 days max		Acct Auth. Initial
			Days	Factor	Days	Factor	Days	Factor	Days	Factor	Days	Factor	
1	Account/cc/Fund Number **ONLY**												
	Funding Source Name & ID		6/14 to 9/17/10										
2	Account/cc/Fund Number ** ONLY**												
	Funding Source Name & ID		6/14 to 9/17/10										
3	Account/cc/Fund Number ** ONLY **												
	Funding Source Name & ID		6/14 to 9/17/10										
4	Account/cc/Fund Number ** ONLY **												
	Funding Source Name & ID		6/14 to 9/17/10										
TOTAL													

Timesheets are required. Employment may not be charged to a new contract or grant prior to the beginning of the date specified. The site of research for the entire period of employment must be indicated and must be consistent with the terms of the contract or grant, this includes any changes in the site of the research subsequent to the initiation of the original authorization. The School form "Request for Approval of Absence from Campus" must be filed with the Department Chairman whenever an individual is absent from his site of research while salary is being paid from research funds. Earnings from NSF contracts are normally limited to a maximum of 2/9ths the annual salary.

Faculty Signature Date

If more than one P.I. Print/Sign Name Date

