

**Academic Year Faculty
University at Buffalo
Summer Appointment Certification**

Through this document and others as required, I am seeking summer appointment compensation from all sources that will exceed two months of my full-time academic year base salary. Therefore, I hereby certify that the following conditions will prevail concerning my summer appointment(s):

- My summer appointments charged to sponsored awards accurately reflect the time periods and level of effort for work performed on each award.
- The amount of funding allocated to graduate student support from my grants/contracts will not be affected during the academic year;
- The amount of funding allocated for the purchase of computing services from my grants/contracts will not be reduced;
- Funding for miscellaneous sponsored research expenses such as duplication or telephone services will not be reduced or charged to departmental State Budget accounts;
- All normal salary increases for personnel supported on my grants/contracts will be met in full.

Signature of Faculty Member

Date

Faculty/School

Full Name (Printed)

APPROVALS:

Department Chair

Office of the Dean