

**SUPPLEMENTAL SALARY FUNDS AGREEMENT**

In order for the faculty member to remain on the university payroll and continue to receive appropriate fringe benefits, the supplemental funding must be paid through the university payroll system and the stipendiary portion of the externally-funded fellowship/award be transferred to the university. Therefore, except in cases where the granting agency refuses to pay the fellowship stipend through the university, the faculty member must direct the fellowship stipend through the university payroll system via KUCR by having the agency send the funds directly to KUCR either electronically or in the form of a check made out to KUCR. By doing this, the faculty member continues to receive regular paychecks through the university and is able to retain fringe benefits.

Some agencies will agree to send checks or electronic deposits directly to KUCR while others will pay stipends only to the faculty member. In cases where the agency refuses to pay stipends to the university, the college or school will work with the recipient to develop an arrangement that will allow the individual to remain eligible for SSF benefits while retaining the fellowship funds directly. The terms of such arrangements will constitute a formal contract and will be attached as a separate document to this signature page. By signing this form, the faculty member agrees to the terms laid out in this form and in the addendum. Failure to follow the terms detailed in the addendum will result in forfeiture of the supplemental salary funding for the remainder of the award period or the implementation of the Board of Regents setoff process.

I hereby apply for supplemental salary funds from the KU [name of college or school] \_\_\_\_\_  
\_\_\_\_\_ to supplement the amount between my fellowship/appointment  
from [agency name] \_\_\_\_\_.

. I agree to return to a regular appointment including teaching, research, and service at the university for a minimum of one academic year after the conclusion of the fellowship or appointment and to abide by the terms of any addendum to this agreement related to refusal of the granting agency to pay the stipend directly to the university, or I will return the supplemental funds to the university. In consideration of KU's [name of college or school] \_\_\_\_\_ providing supplemental funds to me as a benefit, I agree that in the event I fail to return any supplemental funds due the university, the university may withhold or deduct such funds from salary, compensation, or other amounts payable to me, as authorized by the Board of Regents setoff procedures. The amount of the fellowship stipend is [list amount of award provided as stipend and/ or maintenance] \$ \_\_\_\_\_.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this agreement form, I commit to adhering to the conditions of the SSF policy and procedures set out in this document and any addendum.

Endorsed by:

\_\_\_\_\_  
Chair signature Date HGDO signature Date

\_\_\_\_\_  
Dean signature Date Provost signature Date

Attachment: Request for Research Leave  
Completed Original: Recipient's college/school dean's office  
Copies to: Provost; Award Recipient; Department Chair; HGDO; Office of International Programs (Fulbright only)

*Applicant: after you sign and obtain your chair's signature, please submit original and accompanying attachments to the Humanities Grant Development Office (HGDO) at 900 Sunnyside Ave.*