Total

Tenured and Tenure Track Enhanced Research Appointment Program

PART 1 – INFORMATION FO	R REQUESTING FACULTY						
1. Name (Last, First, Middle	2)			2.	Person II	D	
3. Term for Enhanced Resea	rch Appointment (Select FY or A	Y)		l			
FY 7/1/2025 – 6/30/2		5/17/2026: Can apply up to rnal funds and will be detern		•		ffort paid from	
Do you currently hold a I	FERAP Appointment? (Check	Yes or No)	Yes	No			
4. List Departmental Appoir	ntments(s) (Check Home Departi	ment) 					
5. Current Appointment Ca	mpus or Organization Affiliation	(Check all that Apply)					
Camp		Campus/Organization					
Purdue Un	IS	Purdue Fort Wayne Campus					
Purdue Ap Purdue Int	Purdue Northwest Campus Other						
PART 2 – CURRENT APPOIN	TMENT(S) WITHOUT PROPOSED	ENHANCED RESEARCH	APPOINTM	MENT			
6. Indicate all departmental	appointments, position(s) title, I	PERNR, FTE, and current b	base salary	(FY or AY) before the	propose	d enhanced	
research appointment (AY do	, , , , , , , , , , , , , , , , , , ,	PERNR	Г				
Department(s)	Department(s) Position(s) Title		FTE	FTE Base		(Current) Salary	
Total							
PART 3 – PROPOSED ENHA	ANCED RESEARCH APPOINTMEN	T(S) WITH PROPOSED BA	ASE SALAR	Y ENHANCEMENT			
•	al appointments, position(s) title, min, 25% max) and proposed tot	•					
Department(s)	Position(s) Title (leave blank for new appointmen	PERNR (leave blank for new appointment(s))	FTE	Proposed Base Enhancemen	-	Proposed Total Salary	
Total							
		(4)		•	•		
	NCED RESEARCH APPOINTMENT Account #s, sponsor(s), grant pro	• •		ntage for the enhance	ed resear	ch annointment	
	nanced research base salary amo						
				% Cost Distribution	To	tal Salary for	
WBSE (ACCOUNT #)	Sponsor(s)	Grant Project Period mm/dd/yyyy-mm/dd/yyyy		for Enhanced Research Appointment(s)	Research Enh		

PART 5 - CERTIFICATION OF FACULTY/REQUESTOR

In signing this form, I certify that I understand the requirements for participating in the Faculty Enhanced Research Appointment Program and I further certify:

- The information I provided is current and accurate;
- I meet the eligibility requirements for program participation;
- The enhanced research appointment can be supported from the proposed external funding sources;
- I am currently able to participate at the proposed level of effort; and
- I will certify my effort based on actual time worked.

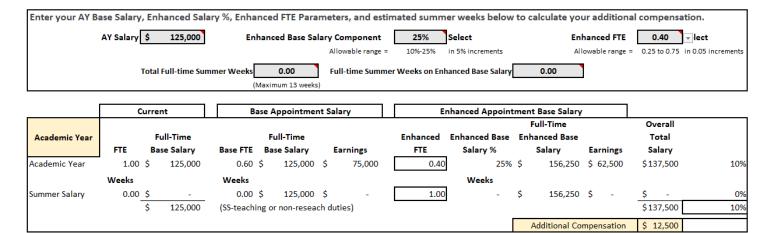
9. Signature of Faculty/Requestor	10. Date of Signature (Month, Day, Year)			

If you have difficulties saving or submitting this application, download the PDF file to your computer or shared drive, and email the completed application to FERAPapplication@purdue.edu.

FERAP Compensation Calculator Tool

Ex. 2 - Compensation Calculator Tool - Concurrent Appointment Application with Request for One FERAP Appointment

Tenured and Tenure-Track Faculty Enhanced Research Appointment Program (Academic Year Appointments)



 $Conversion\ rate\ and\ Summer\ Pay-https://www.purdue.edu/hr/paytimepractices/comppay/aypaypr.php\\ 2024\ NIH\ Salary\ Cap\ AY-\$166,425-https://grants.nih.gov/grants/policy/salcap_summary.htm$

Actual expense impact on the grant(s) designated in Part 4 will be the prorated "Earnings" plus associated fringe benefits and F&A costs.

[&]quot;Earnings" represent the total salary compensated on the new FERAP appointment created at the designated FTE. (This will match the Proposed Total Salary in Section 3)

[&]quot;Additional Compensation" reflects the annual additional salary received above the current base salary amount.