LSU PROFESSORSHIP AWARD SELECTION

Title of Professorship: _____

Employee Name: _____ **Department:** _____

Employee ID #: _____

Begin Date of Honorific Appointment: _____ **End Date of Appointment:** _____

Estimated level of funding available for use is $_____ during _____
Please select the form(s) of monetary consideration by indicating the percentage (round to the nearest whole number) next to each form of support. The percentages must add up to 100%.

Percentage — Form of Monetary Consideration

_____% Summer Salary
- For chair/professorship-related activities performed during the summer months by holders appointed on an academic year (9 month) pay basis and the amount may not exceed 3/9 of AY base pay, subject to the limits established by PS-43.
- Fringe benefits are paid. Retirement contributions are made. Therefore, the amount of dollars available to be paid is reduced.
- Object code 1060

_____% Temporary Salary Supplement
- Holder is appointed for a limited period and is not assigned specific duties.
- This is not subject to retirement contributions, nor are they pensionable.
- Object code 1090

_____% Additional Compensation
- Specific additional duties associated with the title.
- Fringe benefits are paid. Retirement contributions are made. Therefore, the amount of dollars available to be paid is reduced.
- Object code 1060
  - Temporary additional duties during AY or FY.
- Object code 1050
  - When additional duties are performed throughout the AY or FY it may be paid as an administrative salary supplement.

_____% Support for Expenditures
- Funds available for discretionary use for professional development and research purposes in accordance with University and/or Foundation regulations.

Employee Acknowledgement

I understand that:

a) This selection results in no change in base pay.
b) This selection must be in compliance with the donor agreement
c) Income tax is owed on all monetary consideration except Support for Expenditures
d) The amount paid may vary from year to year, depending on earnings of the endowment classified by the LSU Foundation as available for spending.

I understand that the estimated level of monetary consideration is committed to me for only one year based on currently available earnings. As the recipient, I recognize that, subject to consent by the University, the LSU Foundation has final approval of the method selected for utilization of professorship funds.

Employee Signature	Date	Department Chair	Date
Dean	Date	Vice Provost	Date