



PROFESSORSHIP AWARD SELECTION

Title of Professorship: _____

Name: _____ LSU ID Number: _____

Department: _____

Begin Date of Honorific: _____ Appointment End Date: _____

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: _____