

Additional Compensation for T32/F32 Postdoctoral Fellows from Federal Funds



If you have further questions about the completion of this form, please see the [form instructions](#) on the Controller's Office website.

Training Grant Information

NRSA Fellow Name: Fellow Empl ID:
NIH T32/F32 Award Number: FAIN:
Mentor Name: Mentor is Key Personnel Below

Grant Information for the Federal Research Grant Funding the Supplement

Program Name:
UCSF Award Number: FAIN:
PI Name:
Additional Compensation: Amount Per Month: \$ Start Date: End Date:

Description of Additional Duties

We request additional duties beyond those related to the fellow's research training for additional compensation from a federal research grant. This work assignment will be at % FTE (25% maximum). This represents an average of hours per week (10 hour maximum). The description of the work that the postdoctoral fellow will be doing, include scientific or programmatic context as well as logistics, and explanation of how this will not interfere, detract from, or prolong the fellow's approved training program follows:

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Authorizations

After uploading this form into DocuSign with page 1 complete, add the required signers below, and tag the appropriate lines for their signatures prior to sending.

BY SIGNING THIS FORM, WE EACH INDIVIDUALLY ATTEST THAT THESE ADDITIONAL DUTIES ARE INCIDENTAL TO THE FELLOW'S RESEARCH TRAINING PROGRAM, WILL NOT INTERFERE WITH OR LENGTHEN THE DURATION OF THEIR NRSA TRAINING, AND THAT PUBLICATIONS RESULTING FROM THE ADDITIONAL WORK WILL NOT BE CITED IN THE TRAINING GRANT PROGRESS REPORT.

NRSA Fellow

Date

T32/F32 Mentor

Date

T32 PI (not required for F32)

Date

PI of federal research grant providing additional funds

Date

Vice or Associate Dean of Research for School

Date

(not required if mentor is not PI or other key personnel on federal research grant providing supplement)

To ensure approval of this form:

The Department Administrator where the Fellow is appointed, (i.e., the Fellow's home department) should always be added to the DocuSign envelope as the final person in the recipient order! The Department Administrator must receive your authorized form via DocuSign for it to be approved. Set their status to "

CC RECEIVES A COPY ▾