FACULTY OFF-QUARTER EMPLOYMENT AUTHORIZATION

Mechanical and Aerospace Engineering Department -- Site of Research: UCLA

June 18, 2007 - September 21, 2007

Faculty Name: _____ **Title:** _____ **Monthly:** _____

Employee ID#: _____ **Code:** _____ **Annual:** _____

It is the responsibility of the Principal Investigator to determine that all employment authorized is in conformity with the terms of the contract or grant or is approved by the contracting agency in advance of the service. Under University regulations, the maximum allowable compensation between the period of **6/18/07 through 9/21/07,** including holidays, may not exceed 3/9ths of the annual salary (57 days). University sources include Summer Sessions, Extensions, teaching service on any UC campus, research, and administrative service.

	Account/Fund Number	Allocated Ninths	Accounts End Date	TOTAL Days	TOTAL Factor	JUNE 10 days max Days	JUNE 10 days max Factor	JULY 22 days max Days	JULY 22 days max Factor	AUGUST 23 days max Days	AUGUST 23 days max Factor	SEPTEMBER 15 days max Days	SEPTEMBER 15 days max Factor	Acct Auth. Initial
1	Account/Fund Number													
	Funding Source Name													
2	Account/Fund Number													
	Funding Source Name													
3	Account/Fund Number													
	Funding Source Name													
4	Account/Fund Number													
	Funding Source Name													
	TOTAL													

Timesheets are required. Employment may not be charged to a new contract or grant prior to the beginning of the date specified. The site of research for the entire period of employment must be indicated and must be consistent with the terms of the contract or grant, this includes any changes in the site of the research subsequent to the initiation of the original authorization. The School form "Request for Approval of Absence from Campus" must be filed with the Department Chairman whenever an individual is absent from his site of research while salary is being paid from research funds. Earnings from NSF contracts are normally limited to a maximum of 2/9ths the annual salary.

_____ _____

Faculty Signature **Date** **Chair Signature** **Date**

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If more then one P.I. Print/Sign Name **Date**