

Tenured and Tenure Track Enhanced Research Appointment Program

PART 1 – INFORMATION FOR REQUESTING FACULTY

1. Name (Last, First, Middle)	2. Person ID
-------------------------------	--------------

3. Term for Enhanced Research Appointment (Select FY or AY)

FY 7/1/2024 – 6/30/2025 AY 8/12/2024 – 5/18/2025: Can apply up to 100% of the summer session compensated effort paid from approved external funds and will be determined when summer calendar is completed.

Do you currently hold a FERAP Appointment? (Check Yes or No) Yes No

4. List Departmental Appointments(s) (Check Home Department)

5. Current Appointment Campus or Organization Affiliation (Check all that Apply)

Campus/Organization	Campus/Organization
Purdue University – West Lafayette Campus	Purdue Fort Wayne Campus
Purdue Applied Research Institute (PARI)	Purdue Northwest Campus
Purdue International Incorporated (PII)	Other

PART 2 – CURRENT APPOINTMENT(S) WITHOUT PROPOSED ENHANCED RESEARCH APPOINTMENT

6. Indicate all departmental appointments, position(s) title, PERNR, FTE, and current base salary (FY or AY) before the proposed enhanced research appointment (AY do not include summer session)

Department(s)	Position(s) Title	PERNR	FTE	Base (Current) Salary
Total				

PART 3 – PROPOSED ENHANCED RESEARCH APPOINTMENT(S) WITH PROPOSED BASE SALARY ENHANCEMENT

7. Indicate all departmental appointments, position(s) title, PERNR, FTE (enhanced research FTE limited to 25% min, 75% max), proposed base salary enhancement (10% min, 25% max) and proposed total salary after base salary enhanced research appointment(s) (AY do not include summer session)

Department(s)	Position(s) Title <small>(leave blank for new appointment(s))</small>	PERNR <small>(leave blank for new appointment(s))</small>	FTE	Proposed Base Salary Enhancement %	Proposed Total Salary
Total					

PART 4 – PROPOSED ENHANCED RESEARCH APPOINTMENT(S) - COST DISTRIBUTION

8. Indicate proposed WBSE/Account #s, sponsor(s), grant project period, cost distribution percentage for the **enhanced research appointment only** and total proposed enhanced research base salary amount for the **enhanced research appointment only** (AY do not include summer session).

WBSE (ACCOUNT #)	Sponsor(s)	Grant Project Period <small>mm/dd/yyyy-mm/dd/yyyy</small>	% Cost Distribution for Enhanced Research Appointment(s)	Total Salary for Enhanced Research Appointment(s)
Total				

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 (<i>Month, Day, Year</i>)

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.