



Office of the Provost
 610-758-3605
provost@lehigh.edu

SUMMER COMPENSATION FORM

Date: _____

Please list below the faculty from your area that are requesting ***more than 2 ½ months*** of summer compensation for the current upcoming summer months. Also list the number of months and the description of where the compensation will be allocated from.

After this form is complete, please have your dean approve, sign and date the form, and then submit it electronically or through campus mail to: Alexandra Dunn, Director of Compliance, Office of the Provost at awd423@lehigh.edu.

Faculty Member Name	Number of Months	Description

Dean Approval:

Date:
