

SUMMER COMPENSATION FORM

Date: _____

Please list below, 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 submit it electronically or through campus mail to: Pat Mann, Administrative Director, Office of the Provost at pam8@lehigh.edu.

Faculty Member Name	Number of Months	Description

 Dean Approval:

 Date:

 Provost Approval:

 Date:
