



**NEW YORK CITY
COLLEGE OF TECHNOLOGY**
THE CITY UNIVERSITY OF NEW YORK
300 JAY STREET, BROOKLYN, NY 11201 -2983

**Office of Sponsored Programs Form
Summer Salary 2024**

Please complete this form to receive summer salary payment(s) for conducting grant activities during the summer. Please email form and letters to
SponsoredPrograms@citytech.cuny.edu

Summer salary recipient: _____
Signature

Print name

Chairperson: _____
Signature

I attest that I will be working on grant activities for the dates indicated below. I have submitted a Multiple Position summer salary form to my department chair which includes summer salary from this/these grant funded project(s).

RF Project Number: _____

RF Project Number: _____

Principal Investigator (PI): _____

Principal Investigator (PI): _____

Signature _____ Date _____

Signature _____ Date _____

Date	Salary Amount	Fringe %
June 1-15	\$ _____	\$ _____
June 16-30	\$ _____	\$ _____
July 1-15	\$ _____	\$ _____
July 16-31	\$ _____	\$ _____
August 1-15	\$ _____	\$ _____
August 16-31	\$ _____	\$ _____
Total salary \$ _____		
Total fringe \$ _____		
Total to charge grant \$ _____		

Entered

Grants Office Use Only

Date	Salary Amount	Fringe %
June 1-15	\$ _____	\$ _____
June 16-30	\$ _____	\$ _____
July 1-15	\$ _____	\$ _____
July 16-31	\$ _____	\$ _____
August 1-15	\$ _____	\$ _____
August 16-31	\$ _____	\$ _____
Total salary \$ _____		
Total fringe \$ _____		
Total to charge grant \$ _____		

Entered

Grants Office Use Only

Total salary June: _____
Total salary July: _____
Total salary August: _____

Total salary June: _____
Total salary July: _____
Total salary August: _____

GRAND TOTAL \$ _____ = Salary \$ _____ + Fringe \$ _____

The RF has instituted an online effort reporting system to certify summer salary. During the month of September the PI must log onto rfcuny.org and certify summer salary. OSP will send out reminders in September.

Encumbrance entered

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