



Certification of Salary Recovery for the Faculty Research Incentive Plan

Fiscal Year 2025 (Academic Year 2024-25)

DUE DATE: September 1, 2025

Use this form to certify that the faculty member named below achieved sufficient salary recovery to participate in the Faculty Research Incentive Plan during Fiscal Year 2025. The requirements are that faculty members are principal or co- principal investigators whose base salaries are supported by E&G funds. The faculty member qualifies for a salary payment when (a) more than 10% of the faculty member’s E&G-funded salary has been charged to a competitively awarded sponsored grant or contract during the prior fiscal year, and (b) when the faculty member’s assignments have not changed. Specific departments may have other requirements. The one-time incentive payment will be one-half of the departmental salary savings after the minimum required threshold is achieved. Salary recovered due to a teaching buy-out or relief from service or other assignments is not included in the FRIP.

PLEASE SELECT ONE OPTION BELOW:

- I certify that the faculty member named below is eligible for a one-time salary payment of \$_____. Furthermore, I certify that the faculty member did not receive reduced responsibilities in exchange for the salary recovered by the department.

(Please send P14-A.) Pay actions require the Provost’s signature.

Documentation of the grant funding for the faculty member’s salary during FY2025 should be attached using the sample spreadsheet or an alternative listing prepared by the department.

Please prepare a P-14A for a one-time payment. In the Professional Services box, enter “Salary payment for Faculty Research Incentive Plan.” Start Date: 9/25/25 and End Date: 10/9/25. This one-time payment may not be paid from any grant or contract accounts. The faculty member will receive the salary payment in the October 16, 2025 pay stub and deposit.

- I certify that the faculty member named below is not eligible for a one-time salary payment. (This option does not require the Provost’s signature.)

Faculty Member’s Name _____

VT ID# _____

Department Name _____

Department Mail Code _____

(see page 2 for approvals)

APPROVALS

Dean's Printed Name _____

Dean's Signature _____

Date _____

Department Head/Director's Printed Name _____

Department Head/Director's Signature _____

Date _____

Senior Vice President for Research and Innovation's Printed Name _____

Senior Vice President for Research and Innovation's Signature _____

Date _____