

Salary and Benefits while on Fulbright Grant -without a Sabbatical- Explained

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Faculty Development Center

EASTERN MICHIGAN UNIVERSITY

EMU and Fulbright

EMU will support your Fulbright award *regardless* of whether you have a sabbatical or not.

You are still eligible to apply for a sabbatical and promotion; a Fulbright award does not change your timeline.

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Concerns

- Benefits
 - Article XIX, Fringe Benefits, Section B. Eligibility, states, “*Faculty members must be on at least a fifty-percent (50%) appointment to be eligible for fringe benefits*” (MP 870).
- Salary
 - Therefore, EMU will pay *at least 50%* of the awardee’s salary.

NB: This information is based on the EMU-AAUP Agreement September 1, 2015 – August 31, 2019.

The Players

- You (faculty member)
- Your Department Head
- Your Dean
- The Assistant Vice President for Academic Affairs, Academic Human Resources
- Your Provost

You

- Initiate the process of being away from campus and for arranging for your salary and benefits.
- Forward the email/letter you receive from Fulbright notifying you of your award to your Department Head.
- Print out the Fulbright Salary Supplement for U. S. Scholars form. Complete the “Base Information.”



SALARY SUPPLEMENT FOR U.S. SCHOLARS

Instructions: This form **must** be completed, signed, and sent by a representative of your home institution with the appropriate authority to provide information (e.g. department chair or school dean), verifying both the scholar's current base salary and any leave or sabbatical pay to be provided during the scholar's Fulbright program.

**The representative must email the completed form to the following address: [program staff email address].*

About: The Salary Supplement is an **additional benefit** available to eligible scholars, which intends to raise the grant amount to the level of the individual's salary for a comparable period, capped at a monthly maximum. Summer teaching, merit awards, consulting fees, royalties, or other non-salary compensation will not be included in salary supplement calculations. Fulbright grant benefit information has been provided directly to the scholar.

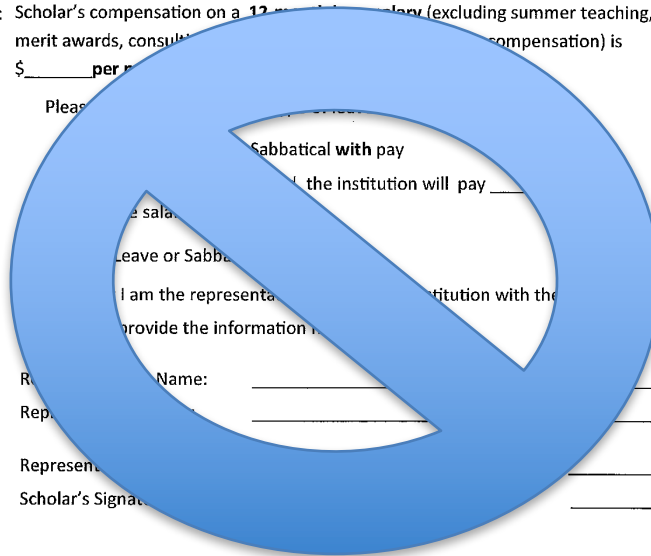
Base Information: Institution _____
Scholar's Name _____
Scholar's Title _____



Financial Information: Scholar's compensation on a 12-month salary (excluding summer teaching, merit awards, consulting fees, royalties, or other non-salary compensation) is \$ _____ per month.

Please indicate the amount of sabbatical leave to be provided during the program:
Sabbatical with pay _____
Sabbatical without pay _____
If the institution will pay _____

Signature: I am the representative of the institution with the authority to provide the information requested on this form.
Name: _____
Representative Name: _____
Representative Title: _____
Scholar's Signature: _____



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Attachments

- Attach the completed Fulbright Salary Supplement for U. S. Scholars (Base Information only)
- Any other document(s) indicating your stipend and the duration of your award from Fulbright.
- Your proposal (hard copy) to Fulbright.

Your Department Head

- Will notify your Dean of your award, usually by forwarding your email.
- Will determine your monthly salary and include it in the “Financial Information” section on the Salary Supplement for U.S. Scholars form.
- Will not approve any online teaching or other overload for the duration of your award.
- Will release you from any service responsibilities for the duration of your award.

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**The representative must email the completed form to the following address: [program staff email address].*

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Base Information: Institution _____
Scholar's Name _____
Scholar's Title _____

Financial Information: Scholar's compensation on a **12-month base salary** (excluding summer teaching, merit awards, consulting fees, royalties, or other non-salary compensation) is \$ _____ per month.



Please indicate the scholar's type of leave:

- Leave/Top Salary: _____ pay _____% of _____ above.
- _____ without pay

Signature: I certify that the representative of the home institution with the appropriate authority has provided the information above.
Representative Name: _____
Representative Title: _____ Phone: _____
Representative Date: _____
Scholar's Signature: _____ Date: _____



Calculating your Monthly Salary

- Suppose *your 8-month (base) salary* is \$80,000.
- Divide it by 8 to determine that \$10,000 is your GROSS income *per month*.
- Your Department Head will write \$10,000 in the space provided in the Financial Information section of the Salary Supplement for U.S. Scholars form.

Your Dean

- Will notify the Assistant Vice President of Academic Human Resources (AVP AHR) of your award.
- Will read your proposal.
- Will forward your PAF to AHR.

Your AVP AHR

- Will determine the percentage of your load using the stipend from Fulbright and your salary.
 - Depending on your stipend from Fulbright, the AVP AHR will *increase your percentage of load until your base salary is the same as it would be without the Fulbright grant.*
- Will complete the rest of the Financial Information on the Salary Supplement for U.S. Scholars form.
- Will read your proposal and forward all to Provost for approval.

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Scholar's Name _____
Scholar's Title _____

Financial Information: Scholar's compensation on a **12-month base salary** (excluding summer teaching, merit awards, consulting fees, royalties, or other non-salary compensation) is \$ _____ per month.

Please indicate the scholar's type of leave:

- Leave/Top-Off or Sabbatical **with** pay
During the grant period, the institution will pay _____% of the salary noted above.
- Leave or Sabbatical **without** pay



Signature: I certify that I am the representative of the home institution with the appropriate authority to provide the information provided above.

Representative's Name: _____ Email: _____
Representative's Title: _____ Telephone: _____
Representative's Signature: _____ Date: _____
Scholar's Signature: _____ Date: _____



Your Provost

- Will read your proposal.
- Will approve salary adjustments as recommended by AVP AHR.
- Will contact EMU Public Relations regarding a press release.

Finalizing

- AVP of AHR will contact you to meet and review percentages, salary per month, and how much EMU will pay and how much Fulbright will pay.
- Both AVP AHR and you will sign and date your “Salary Supplement for U.S. Scholars” form. AVP AHR will scan and send it back to Fulbright, to the person on your initial email.
- AVP AHR will complete your PAF and forward it to your Dean and Department Head (e.g., increase in percentage) along with instructions to secretaries.



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Scholar's Name _____
Scholar's Title _____

Financial Information: Scholar's compensation on a **12-month base salary** (excluding summer teaching, merit awards, consulting fees, royalties, or other non-salary compensation) is \$_____ per month.

Please indicate the scholar's type of leave:

- Leave/Top-Off or Sabbatical **with** pay
During the grant period, the institution will pay _____% of the salary noted above.
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Signature: I certify that I am the representative of the home institution with the appropriate authority to provide the information noted above.



Representative's Name: _____ Email: _____
Representative's Title: _____ Telephone: _____
Representative's Signature: _____ Date: _____
Scholar's Signature: _____ Date: _____

Summary



There are no stated deadlines because faculty receive emails from Fulbright between January and June.

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For More Information

- Contact Elisabeth (Betsy) Morgan
 - 734 / 487.3389
 - emorgan@emich.edu
 - 101G Boone, Office of International Initiatives,
College of Arts and Sciences