



# HARVARD

Faculty of Arts and Sciences

## FAS Request for Delegation of Proxy Authority for Supplemental Salary Requests in SPECTRA

To: Application Security

From: Department Name: \_\_\_\_\_ Org: \_\_\_\_\_

Faculty Member's Name: \_\_\_\_\_

Faculty Member's HUID : \_\_\_\_\_ Email : \_\_\_\_\_

**Harvard's Faculty of Arts and Sciences requires that faculty members approve supplemental salary requests, attesting that salaries charged to non-sponsored ( Dean's Ninths, gift funds, etc.) and sponsored (federal and non-federal) projects reflect effort expended by employees on these projects. In certain circumstances, the faculty member can delegate this responsibility to another individual working directly with him/her.**

I, the Faculty Member, authorize departmental portfolio managers to submit and/or approve my supplemental salary requests for my portfolio of funding sources. By signing this form, I agree that the named individual(s) has **first-hand knowledge of the request such that he/she can appropriately attest to allocation and can defend such salary allocations to federal and other auditors.**

Current individual(s) in the positions of Grant or Portfolio Manager or future Portfolio Managers can submit and/or approve supplemental salary requests.

Proxy HUID	Proxy Name / Job Title	Proxy Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Allowed to Submit Request without Faculty Review</b> (circle one)	<input type="checkbox"/> Yes Proxy will submit directly to Department Administrator for approval <input type="checkbox"/> No Proxy will submit to Faculty for review; Faculty will have to submit to Department Administrator for approval	

I understand that as the Faculty Member, I am required to update this form and notify Application Security group whenever there are staffing changes or re-assignment of duties that result in changes to this delegation of authority.

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Administrator /Lab Director Signature

\_\_\_\_\_  
Date

Once completed, please scan and email to Application Security at [appsec@fas.harvard.edu](mailto:appsec@fas.harvard.edu)