

**LSU PROFESSORSHIP AWARD SELECTION**

Title of Professorship: Alexis and Marguerite Voorhies Endowed Professorship I *and 2*
Employee Name: Dimitris Nikitopoulos
Position ID #: P00006339 **Department:** ChE
Review Date of Financial: 7/1/2017 - 6/30/2018 **Project #:** 101774, 101775.

Estimated level of funding available for use during 7/1/2017 - 6/30/2018 is \$ _____. Please select the form(s) of monetary consideration by indicating the percentage (round to the nearest whole number) next to each form of support. The percentages must add up to 100%.

127-98-6102	BG003010:	_____
127-98-7102	BG003019:	_____
127-98-6125	BG003016:	_____
127-98-7125	BG003023:	<u>5,000 perm</u>

Percentage Form of Monetary Consideration
_____% Summer Salary

- For chair/professorship-related activities performed during the summer months by holders appointed on an academic year (9 month) pay basis and the amount may not exceed 3/9 of AY base pay, subject to the limits established by PS-43.
- Fringe benefits are paid. Retirement contributions are made. Therefore, the amount of dollars available to be paid is reduced.
- Object code 1060

_____% Temporary Salary Supplement

- Holder is appointed for a limited period and is not assigned specific duties.
- This is not subject to retirement contributions, nor are they pensionable.
- Object code 1090

_____% Additional Compensation

- Specific additional duties associated with the title
- Fringe benefits are paid. Retirement contributions are made. Therefore, the amount of dollars available to be paid is reduced.
- Object code 1060
 - Temporary additional duties during AY or FY
- Object code 1050
 - When additional duties are performed throughout the AY or FY it may be paid as an administrative salary supplement.

_____% Support for Expenditures

- Funds available for discretionary use for professional development and research purposes in accordance with University and/or Foundation regulations.

Employee Acknowledgement

I understand that:

- This selection results in no change in base pay.
- This selection must be in compliance with the donor agreement.
- Income tax is owed on all monetary consideration except Support for Expenditures.
- The amount paid may vary from year to year, depending on earnings of the endowment classified by the LSU Foundation as available for spending.

I understand that the estimated level of monetary consideration is committed to me for only one year based on currently available earnings. As the recipient, I recognize that, subject to consent by the University, the LSU Foundation has final approval of the method selected for utilization of professorship funds.

Employee Signature **Date**

Department Chair **Date**

Dean **Date**

Vice Provost **Date**

**LSU PROFESSORSHIP AWARD SELECTION**

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Employee Name: Dimitris Nikitopoulos
Position ID #: P00006339 **Department:** ChE
Review Date of Financial: 7/1/2017 - 6/30/2018 **Project #:** 101774, 101775

Estimated level of funding available for use during 7/1/2017 - 6/30/2018 is \$ 6527. Please select the form(s) of monetary consideration by indicating the percentage (round to the nearest whole number) next to each form of support. The percentages must add up to 100%.

127-98-6102	BG003010:	<u>1010</u>
127-98-7102	BG003019:	<u>2632</u>
127-98-6125	BG003016:	<u>2204</u>
127-98-7125	BG003023:	<u>681</u>

Percentage Form of Monetary Consideration
_____% Summer Salary

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- Fringe benefits are paid. Retirement contributions are made. Therefore, the amount of dollars available to be paid is reduced.
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_____% Additional Compensation

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 - When additional duties are performed throughout the AY or FY it may be paid as an administrative salary supplement.

100 % Support for Expenditures

- Funds available for discretionary use for professional development and research purposes in accordance with University and/or Foundation regulations.

Employee Acknowledgement

I understand that:

- a) This selection results in no change in base pay.
- b) This selection must be in compliance with the donor agreement.
- c) Income tax is owed on all monetary consideration except Support for Expenditures.
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Employee Signature **Date**

Department Chair **Date**

Dean **Date**

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