Clemson University
Expression of Intent to Participate in the Faculty Incentive Plan November 2026 Request for Plan Year 2027-2028

Participating Faculty Submission

Name _____

Employee ID _____

Faculty Rank _____

IBS Salary as of 5/17/2026 _____

Request Date: **November 2026**

Payout Date: **November 2028 (FY29)**

Use the worksheet addendum attached below (Worksheet A) to determine the total amount of salary you plan to release from grants or contracts. Only grants active prior to November 1, 2026 will be eligible. Enter the total amount of salary released in the box with the highlighted frame next to the TOTAL (the distribution will auto-calculate):

Component:	Amount Released[1]	Less Fringe[2]	Less Payroll Taxes[3]	Direct Amount Received:
One-Time Compensation Allocation:	$ 3,497.50	$ 997.50	$ 891.25	$ 1,608.75
Department Allocation:	$ 3,497.50			$ 3,497.50
TOTAL:	$ 6.995.00	$ 997.50	$ 891.25	$ 5,106.25

(1) Amount released includes direct salary and fringe originally budgeted on grant/award.

(2) Clemson's annual 9-month fringe rate of 39.9% for FY27 for payout projection purposes. The official payment will be calculated based on the payout year's fringe rate which may vary slightly from the initial, approved payment.

(3) Payroll taxes after fringe rate has been deducted are estimated at 35.65% for tax year 2026, which includes 22% federal withholding, 6.0% SC withholding, 6.2% FICA OASDI, and 1.45% FICA Medicare per the linked IRS publication: https://www.irs.gov/publications/p15#en_US_2026_publink1000202352 .

By signing below, I request to participate in the Faculty Research Incentive Plan. I understand the one-time payment is based on salary savings that I generate through competitive sponsored funding as outlined in the Faculty Research Incentive Plan. I am responsible for accurately certifying my effort through InfoEd. I understand that payment will be remitted after the plan year is closed, effort is certified, and approved after the year end close, November of the following fiscal year. I also understand that course buyout is not related to this plan and will not be considered in my potential payout.

_____ _____

Participating Faculty Signature Date

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Please note: Principal Investigators (PI) with subawards MUST obtain the lead PI's approval if utilizing the subaward for the Faculty Research Incentive Plan.

SCHOOL DIRECTOR/DEPARTMENT CHAIR CERTIFICATION

I certify the following is in accordance with this policy:

- ☐ the faculty member will maintain a normal workload and course buyout cannot be counted
- ☐ the faculty member is in good standing and meeting the requirements as stated in annual planning for research, scholarship, service, extension (if applicable)
- ☐ the faculty member is in a regular faculty appointment
- ☐ the faculty member has a 3-year review rating of good or better
- ☐ the faculty member has no documented disciplinary or compliance related sanctions within the past year

_____ _____

Department Chair Signature Date

COLLEGE LEVEL POST-AWARDS CERTIFICATION

I certify the following:

- ☐ the grant budgets are available for the academic year release and planned summer pay
- ☐ the grant start and end dates are accurate
- ☐ % of effort is appropriately budgeted to match planned annual workload

_____ _____

Grant Coordinator Signature Date

COLLEGE BUSINESS OFFICER

I certify that the faculty member's academic year salary is paid from E&G and/or PSA resources that can be released in accordance with this policy.

_____ _____

College Business Officer Signature Date

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DEANS OFFICE:

I certify that I approve of the distribution of funds outlined in the document and that the information included has been verified and is correct.

Signature and Date _____ Title _____

GRANTS & CONTRACTS:

I certify that the proposed distribution listed above meets federal compliance and has been budgeted appropriately.

Signature and Date _____ Title _____

OFFICE OF THE PROVOST:

I certify that the participant has met all requirements to participate in the Faculty Research Incentive Program and upon certification of grant effort during FY28 (July 1, 2027 - June 30, 2028) will be compensated according to the amounts outlined above in Fall 2028 (FY29).

Signature and Date _____ Title _____

Expression of Intent to Participate in the Faculty Incentive Plan
November 2026 Request for Plan Year 2027-2028
"Worksheet A"

Please list only grants & contracts active as of November 1, 2026

Academic Year Salary Release Plan							
Sponsor	**Grant Title**	**Grant Project #**	**Grant Start Date**	**Grant End Date**	**Fall 2027 Direct Salary Release Amount**	**Spring 2028 Direct Salary Release Amount**	**Total**
					$ 2,500.00	$ 2,500.00	$ 5,000.00
Subtotal Annual Salary Released from Research Grants/Awards:							**$ 5,000.00**
Amount Released Including 39.9% Fringe:							**$ 6,995.00**

Office of the Provost