



University of Toronto Faculty Member Remuneration from Sponsored Research Project

(Principal Investigator/Co-Principal Investigator, Co-Investigator or Collaborator)

Please Note: This form is not required for standard salary recovery programs such as Canada Research Chairs, Canada Excellence Research Chairs or NSERC Industrial Research Chairs. Please contact the Research Services Office or Innovations and Partnerships Office to confirm when this form is required.

Principal Investigator: _____

Application Title: _____

Sponsor: _____

Anticipated Application Date: _____
(dd-mm-yyyy)

Please complete the table below by listing the name(s) of any U of T Principal Investigator/Co-Principal Investigator, Co-Investigator or Collaborator for whom the sponsor will provide remuneration.

Name	Faculty/ Department	Total Anticipated Amount* (CAD)	Nature of Remuneration	
			Type 1. Salary Recovery by Faculty/Dept.	Type 2. Remuneration as T4 income to Researcher over and above regular U of T salary

*Please note that the remuneration payment is subject to the standard benefit rate (SBR)

Please provide a short justification for remuneration **over and above** regular U of T salary (Type 2).

Signatures / Approvals

1. Principal Investigator / Co-Investigator / Collaborator who holds a faculty appointment at UofT.

Signature: _____
Name: _____
Date (dd-mm-yyyy): _____
Unit: _____

My signature indicates that I am requesting remuneration from the sponsor and have confirmed with the Division of the Vice President Research and Innovation that it is an eligible request.

2. The **Director / Chair (Dean non-departmentalized Divisions)** of the recipient's unit of Primary appointment.

Signature: _____
Name: _____
Date (dd-mm-yyyy): _____
Unit: _____

My signature indicates that I have read the University's [Statement on Faculty Member Remuneration from Funded Research Agreements](#) and I support the proposed payment to the faculty member in my academic unit.

3. The **Dean** (departmentalized Divisions) of the recipient's unit of Primary appointment.

Signature: _____
Name: _____
Date (dd-mm-yyyy): _____
Unit: _____

My signature indicates that I have read the University's [Statement on Faculty Member Remuneration from Funded Research Agreements](#) and I support the proposed payment to the faculty member in my academic Division.

Completed forms should be attached to the MRA application. (If not attached at the point of original submission, please send a note informing the Funding Officer when the form has been attached.)