

## SALARY POLICY EXCEPTION REQUEST FORM

In the event a Faculty Advisor is unable to financially support a Postdoctoral Fellow at the NIH/NRSA Salary Scale or at the minimum level required, a request must be made for an exception.

<b>Employee Name:</b>	<b>BWH Salary Amount:</b>
<b>Date of Hire:</b>	<b>*Date Salary Takes Effect:</b>
<b>Department/Division:</b>	
Employee ID <i>(if available)</i> :	<b>PGY Level:</b>
<p><b>Please check all that apply and include detailed explanation below and/or attach documentation:</b></p> <p><input type="checkbox"/> Fellow is paid entirely from BWH sources and the total does not meet salary policy minimum.</p> <p><input type="checkbox"/> Fellow is paid entirely from external (non-BWH) sources and total does not meet salary policy minimum.**</p> <p><input type="checkbox"/> Fellow is paid from both external sources and BWH sources and total salary support combined does not meet salary policy minimum.**</p> <p><input type="checkbox"/> Department/Division does not have sufficient supplemental salary support.</p> <p><input type="checkbox"/> Other - please indicate:</p> <p>** <u><a href="#">Documentation of External Salary and Support Form</a></u> must be included.</p>	
<p><b>PART 1) REQUESTING Principal Investigator:</b> Please explain the rationale and circumstances for this request and provide documentation of funding. A letter of explanation may be attached:</p>          <p><b>Signature:</b> _____ <b>Date:</b> _____</p> <p><b>PI (print name)</b> _____</p> <p><b>Email:</b> _____ <b>Phone:</b> _____</p>	
<p><b>PART 2) APPROVAL BY: Department Chair:</b> Please explain the circumstances which account for lack of Department/Division support for this case. A letter of explanation may be attached.</p>          <p><b>Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Department Chair (print name)</b> _____</p> <p><b>Email:</b> _____ <b>Phone:</b> _____</p>	
<p><b><i>SUBMIT FOR SVP APPROVALS ONLY WHEN THE ABOVE SIGNATURES HAVE BEEN ACQUIRED</i></b></p>	
<p><b>PART 3) APPROVAL BY:</b> Barbara E. Bierer, MD, Senior Vice President, Research, BWH</p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> Not approved</p> <p><input type="checkbox"/> Additional Information Needed</p> <p><b>Signature:</b> _____</p> <p><b>Date:</b> _____</p>	<p><b>PART 4) APPROVAL BY:</b> Julie Celano Vice President, Human Resources, BWH</p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> Not approved</p> <p><input type="checkbox"/> Additional Information Needed</p> <p><b>Signature:</b> _____</p> <p><b>Date:</b> _____</p>
<p><b>HR OFFICE USE ONLY - Approved salary deficit amount:</b> _____</p>	

**Instructions:**

1. Complete the top of this form, obtain signatures and documentation required in Parts 1 & 2.
2. Submit to BWH Human Resources (**Email: [BWHPROSTAFFDESS@partners.org](mailto:BWHPROSTAFFDESS@partners.org)**) before an offer is made to hire a new Postdoctoral Fellow or in advance of changes to an existing Fellow's salary.  
**\*Approvals are valid for a maximum of one year from the date of the salary take effect.**
3. HR will facilitate review and obtain signatures in Parts 3 & 4 will reply directly to the PI and Administrator with the outcome.  
*Please allow two weeks for processing.*