**SCHOOL OF DENTISTRY**

**CREIGHTON UNIVERSITY**

**RESEARCH INCENTIVE PLAN**

**Implementation Guidelines:** Faculty members on full-time appointments who are principal or co-investigators on a competitively awarded extramural research grants or contracts may be eligible for research incentive payment(s) corresponding to up to 50% of the salary dollars charged to the grant. Incentive payments will be awarded by the Dean in consultation with the Assistant Dean of Research, and the Senior Director of Finance, for as long as funding is available and the following requirements are met:

1. At least 10% but no more than 50% of the faculty member’s base salary has been charged to the grant or contract. In no event will the incentive pay exceed 25% of the faculty base salary on an annual basis.
2. The faculty member’s assignments have not changed since the award. Likewise, if the faculty member’s employment with the university is terminated for any reason, the faculty member forfeits all rights to these funds.
3. Faculty member must complete the Incentive Pay Form at https://dentistry.creighton.edu/research and submit it to the Assistant Dean of Research indicating her/his intent to participate in the CU School of Dentistry Research Incentive Plan within the first month after grant/contract payment starts.
4. **Salary recovered due to a teaching buy-out or relief from clinical services or other assignments is not included in the incentive plan.**

Also note that:

1. The research incentive payment is a supplement to the recipient’s regular annual compensation. It will be terminated upon termination of funding.
2. The incentive payment is subject to the applicable federal and state taxes and FICA withholdings.
3. The incentive payment does not affect a recipient’s eligibility for merit or other salary increases.
4. Sponsored research funds cannot be used for research incentive payments; only university funds may be used for this payment. Therefore, *Research incentive payments must be approved by the Assistant Dean of Research, the Senior Director of Finance, and Dean of the School of Dentistry; all disapprovals must also be reviewed by each management level.*
5. Upon approval, Dental School finance administrators will prepare documentation and submit information to the University payroll office. Incentive payments will be allocated using the regular payroll procedures and paid at specific intervals determined by the finance office.
6. For contracts where residual funds (profit) are the basis for the incentive payment funding, such awards will be made only after the contracts are completed and all costs associated with the contract have been fully accounted for.

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**RESEARCH INCENTIVE PLAN**

**INTENTION TO PARTICIPATE IN THE FACULTY RESEARCH INCENTIVE PLAN**

This form is used to apply for participation in the Faculty Research Incentive Plan. Please refer to Instructions guidelines to assess eligibility posted at https://dentistry.creighton.edu/research. A complete and signed version of this form must be submitted within the first month after grant/contract payment starts to: [ssanchez@creighton.edu](mailto:ssanchez@creighton.edu).

PIs and Co-PIs are responsible for timely submission of this request, which will be evaluated by the Assistant Dean of Research, the Senior Director of Finance, and the Dean. Upon approval research incentive payments will be made through regular payroll procedures at specific intervals determined by the finance office.

I hereby apply to participate in the Faculty Research Incentive Plan. I certify that:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | I am the principal investigator or co-investigator on awarded grant(s) and/or contract(s). | | | | |
|  | At least 10% of my annual salary is supported by awarded grant(s)/contract(s). | | | | |
|  | I am a full-time faculty at the CU School of Dentistry. | | | | |
| Faculty Name: | |  |  | Date |  |
| Department: | |  |  |

I intend to participate in the Faculty Research Incentive Plan this year. I understand that the research incentive payment is a special pay and based on availability of funds.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Faculty Signature: |  |  | Date |  |
| Assistant Dean of Research Signature: |  |  | Date |  |
| Dean Signature: |  |  | Date |  |