



VISITING SCIENTISTS, ENGINEERS AND EDUCATORS (VSEE) PROGRAM
COMPENSATION CERTIFICATION FORM

EMPLOYER

LOCATION

EMPLOYEE NAME TITLE

DEPARTMENT SALARY \$ (For 9/10/11/12 months)

(NSF will deduct Social Security, Federal and States taxes as required by law).

- (1) Additional institutional income or other related income which has been received for each of the past two summers.
(2) Approved salary increase for the ensuing academic year. Effective date.
(3) Institution's contribution to the individual's retirement fund. (For 9/10/11/12 months)

Type of retirement plan (e.g. TIAA, State Retirement System, Other.)

Will the Institution continue to make the employer's contribution and accept reimbursement from NSF? Yes No

(3a) Does institution count summer income toward base for retirement? Yes No

- (4) Specify institution's contribution to all other fringe benefits.
a) Health Benefits
b) Life Insurance
c) Other (Specify; e.g Long term disability)

Will the Institution continue to make the employer's contribution and accept reimbursement from NSF? Yes No

Name, position title, and telephone number of your benefits program officer:

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The statements on this form, and any attachments to it, are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code)

(Type Name, Position Title, and Telephone Number of Certifying Official)

(Signature and Date)