



Name:

*Last, First, M.I.*

Employee ID:

Academic Base Salary:

Home HR Dept #:

Home Dept Name:

Annual Salary from only 9 Month Appointments:   
*(used to calculate summer salary)*

**Initial Request**  
The first Summer 2024 request for this employee.

**Change Funding**  
Change the funding for a previously submitted payment.

**Add'l Request (+)**  
Add payment for an additional month to this employee.

**Change Amount**  
Change the amount for a previously submitted payment.

**Payment Amounts**

	Effective Date	End Date	Flat Amount
<b>JUNE</b> KELLOGG/MEDILL	<input type="text" value="6/1/24"/>	<input type="text" value="6/30/24"/>	<input type="text"/>
<b>JUNE</b>	<input type="text" value="6/16/24"/>	<input type="text" value="6/30/24"/>	<input type="text" value="8,180.70"/>
<b>JULY</b>	<input type="text" value="7/1/24"/>	<input type="text" value="7/31/24"/>	<input type="text" value="16,361.40"/>
<b>AUGUST</b>	<input type="text" value="8/1/24"/>	<input type="text" value="8/31/24"/>	<input type="text" value="16,361.40"/>
<b>SEPTEMBER</b> NOT KELLOGG/MEDILL	<input type="text" value="9/1/24"/>	<input type="text" value="9/15/24"/>	<input type="text"/>
If over 2.5 months' salary is being requested and is grant funded, a completed pre-certification form signed by faculty, chair/division chief, dean and VPR must be attached.			<input type="text" value="40,903.50"/>
			<b>Grand Total</b>

*Payroll Only*

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Approvals**

<b>Willie Wildcat</b>	<input type="text" value="5/1/24"/>	<input type="text" value="1-3245"/>
TYPE Name of Person Completing Form	Date	Phone
Faculty Signature (if required)	Date	Phone
Authorized Dept/Center BA Signature	Date	Phone
Add'l Dept/Center BA Signature (if required)	Date	Phone
Authorized Home School Signature <small>(not needed if School Approver submits online)</small>	Date	Phone
OR Signature <i>(for OR Ctr Director/Co-Dir)</i>	Date	Phone

**Payment Funding**

Chartstring must be open for form to be considered complete. Form will be considered late if chartstring is not open by cut-off date. These percentages will not directly relate to effort if faculty has multiple paid appointments with different contract periods.

NIH NSF	Fund	Financial Dept	Project	Activity	Chartfield1	Account	Percent	Pay Period Start Date	Pay Period End Date
<input type="text"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="69912345"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="57.0000"/>	<input type="text" value="6/1/2024"/>	<input type="text" value="8/31/2024"/>
<input type="text"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="69912345"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="43.0000"/>	<input type="text" value="6/1/2024"/>	<input type="text" value="8/31/2024"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**COMMENTS:**

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Name:

*Last, First, M.I.*

Employee ID:

Academic Base Salary:

Home HR Dept #:

Home Dept Name:

Annual Salary from only 9 Month Appointments:   
*(used to calculate summer salary)*

Initial Request  
The first Summer 2024 request for this employee.

Change Funding  
Change the funding for a previously submitted payment.

Add'l Request (+)  
Add payment for an additional month to this employee.

Change Amount  
Change the amount for a previously submitted payment.

**Payment Amounts**

	Effective Date	End Date	Flat Amount
<b>JUNE</b> KELLOGG/MEDILL	<input type="text" value="6/1/24"/>	<input type="text" value="6/30/24"/>	<input type="text"/>
<b>JUNE</b>	<input type="text" value="6/16/24"/>	<input type="text" value="6/30/24"/>	<input type="text"/>
<b>JULY</b>	<input type="text" value="7/1/24"/>	<input type="text" value="7/31/24"/>	<input type="text"/>
<b>AUGUST</b>	<input type="text" value="8/1/24"/>	<input type="text" value="8/31/24"/>	<input type="text"/>
<b>SEPTEMBER</b> NOT KELLOGG/MEDILL	<input type="text" value="9/1/24"/>	<input type="text" value="9/15/24"/>	<input type="text" value="8,180.70"/>
If over 2.5 months' salary is being requested and is grant funded, a completed pre-certification form signed by faculty, chair/division chief, dean and VPR must be attached.			<b>8,180.70</b>
			<b>Grand Total</b>

*Payroll Only*

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Approvals**

<b>Willie Wildcat</b>	<input type="text" value="6/1/24"/>	<input type="text" value="1-3245"/>
TYPE Name of Person Completing Form	Date	Phone
Faculty Signature (if required)	Date	Phone
Authorized Dept/Center BA Signature	Date	Phone
Add'l Dept/Center BA Signature (if required)	Date	Phone
Authorized Home School Signature <small>(not needed if School Approver submits online)</small>	Date	Phone
OR Signature <i>(for OR Ctr Director/Co-Dir)</i>	Date	Phone

**Payment Funding**

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NIH NSF	Fund	Financial Dept	Project	Activity	Chartfield1	Account	Percent	Pay Period Start Date	Pay Period End Date
<input type="text"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="69912345"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="100.0000"/>	<input type="text" value="9/1/2024"/>	<input type="text" value="9/30/2024"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**COMMENTS:** Adding September's half-month payment to Example #1. A copy of the initial request must be included.

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**Add'l Request (+)**  
Add payment for an additional month to this employee.

**Change Amount**  
Change the amount for a previously submitted payment.

**Payment Amounts**

	Effective Date	End Date	Flat Amount
<b>JUNE</b> KELLOGG/MEDILL	<input type="text" value="6/1/24"/>	<input type="text" value="6/30/24"/>	<input type="text"/>
<b>JUNE</b>	<input type="text" value="6/16/24"/>	<input type="text" value="6/30/24"/>	<input type="text" value="9,298.10"/>
<b>JULY</b>	<input type="text" value="7/1/24"/>	<input type="text" value="7/31/24"/>	<input type="text" value="18,596.20"/>
<b>AUGUST</b>	<input type="text" value="8/1/24"/>	<input type="text" value="8/31/24"/>	<input type="text" value="18,596.20"/>
<b>SEPTEMBER</b> NOT KELLOGG/MEDILL	<input type="text" value="9/1/24"/>	<input type="text" value="9/15/24"/>	<input type="text"/>
If over 2.5 months' salary is being requested and is grant funded, a completed pre-certification form signed by faculty, chair/division chief, dean and VPR must be attached.			<input type="text" value="46,490.50"/>
			<b>Grand Total</b>

*Payroll Only*

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Approvals**

<b>Willie Wildcat</b>	<input type="text" value="5/1/24"/>	<input type="text" value="1-3245"/>
TYPE Name of Person Completing Form	Date	Phone
Faculty Signature (if required)	Date	Phone
Authorized Dept/Center BA Signature	Date	Phone
Add'l Dept/Center BA Signature (if required)	Date	Phone
Authorized Home School Signature <small>(not needed if School Approver submits online)</small>	Date	Phone
OR Signature <i>(for OR Ctr Director/Co-Dir)</i>	Date	Phone

**Payment Funding**

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NIH NSF	Fund	Financial Dept	Project	Activity	Chartfield1	Account	Percent	Pay Period Start Date	Pay Period End Date
<input type="text"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="69912345"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="57.0000"/>	<input type="text" value="6/1/2024"/>	<input type="text" value="6/30/2024"/>
<input type="text"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="61122332"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="43.0000"/>	<input type="text" value="6/1/2024"/>	<input type="text" value="6/30/2024"/>
<input type="text"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="69912345"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="36.3000"/>	<input type="text" value="7/1/2024"/>	<input type="text" value="7/31/2024"/>
<input type="text"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="61122332"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="36.7000"/>	<input type="text" value="7/1/2024"/>	<input type="text" value="7/31/2024"/>
<input type="text"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="69900400"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="100.0000"/>	<input type="text" value="8/1/2024"/>	<input type="text" value="8/31/2024"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Add'l Request (+)  
Add payment for an additional month to this employee.

Change Amount  
Change the amount for a previously submitted payment.

**Payment Amounts**

	Effective Date	End Date	Flat Amount
<b>JUNE</b> KELLOGG/MEDILL	<input type="text" value="6/1/24"/>	<input type="text" value="6/30/24"/>	<input type="text"/>
<b>JUNE</b>	<input type="text" value="6/16/24"/>	<input type="text" value="6/30/24"/>	<input type="text"/>
<b>JULY</b>	<input type="text" value="7/1/24"/>	<input type="text" value="7/31/24"/>	<input type="text"/>
<b>AUGUST</b>	<input type="text" value="8/1/24"/>	<input type="text" value="8/31/24"/>	<input type="text"/>
<b>SEPTEMBER</b> NOT KELLOGG/MEDILL	<input type="text" value="9/1/24"/>	<input type="text" value="9/15/24"/>	<input type="text"/>
If over 2.5 months' salary is being requested and is grant funded, a completed pre-certification form signed by faculty, chair/division chief, dean and VPR must be attached.			<input type="text" value="0.00"/>
<b>Grand Total</b>			

*Payroll Only*

**Approvals**

<b>Willie Wildcat</b>	<input type="text" value="5/1/24"/>	<input type="text" value="1-3245"/>
TYPE Name of Person Completing Form	Date	Phone
Faculty Signature (if required)	Date	Phone
Authorized Dept/Center BA Signature	Date	Phone
Add'l Dept/Center BA Signature (if required)	Date	Phone
Authorized Home School Signature <i>(not needed if School Approver submits online)</i>	Date	Phone
OR Signature <i>(for OR Ctr Director/Co-Dir)</i>	Date	Phone

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NIH NSF	Fund	Financial Dept	Project	Activity	Chartfield1	Account	Percent	Pay Period Start Date	Pay Period End Date
<input type="text"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="69900400"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="92.4452"/>	<input type="text" value="8/1/2024"/>	<input type="text" value="8/31/2024"/>
<input type="text"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="64400123"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="7.5548"/>	<input type="text" value="8/1/2024"/>	<input type="text" value="8/31/2024"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Home Dept Name:

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The first Summer 2024 request for this employee.

**Change Funding**  
Change the funding for a previously submitted payment.

**Add'l Request (+)**  
Add payment for an additional month to this employee.

**Change Amount**  
Change the amount for a previously submitted payment.

**Payment Amounts**

	Effective Date	End Date	Flat Amount
<b>JUNE</b> KELLOGG/MEDILL	<input type="text" value="6/1/24"/>	<input type="text" value="6/30/24"/>	<input type="text"/>
<b>JUNE</b>	<input type="text" value="6/16/24"/>	<input type="text" value="6/30/24"/>	<input type="text" value="10,395.66"/>
<b>JULY</b>	<input type="text" value="7/1/24"/>	<input type="text" value="7/31/24"/>	<input type="text" value="20,791.31"/>
<b>AUGUST</b>	<input type="text" value="8/1/24"/>	<input type="text" value="8/31/24"/>	<input type="text" value="20,791.31"/>
<b>SEPTEMBER</b> NOT KELLOGG/MEDILL	<input type="text" value="9/1/24"/>	<input type="text" value="9/15/24"/>	<input type="text" value="10,395.66"/>
If over 2.5 months' salary is being requested and is grant funded, a completed pre-certification form signed by faculty, chair/division chief, dean and VPR must be attached.			<input type="text" value="62,373.94"/>
			<b>Grand Total</b>

*Payroll Only*

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Approvals**

<b>Willie Wildcat</b>	<input type="text" value="5/1/24"/>	<input type="text" value="1-3245"/>
TYPE Name of Person Completing Form	Date	Phone
Faculty Signature (if required)	Date	Phone
Authorized Dept/Center BA Signature	Date	Phone
Add'l Dept/Center BA Signature (if required)	Date	Phone
Authorized Home School Signature <small>(not needed if School Approver submits online)</small>	Date	Phone
OR Signature <i>(for OR Ctr Director/Co-Dir)</i>	Date	Phone

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NIH NSF	Fund	Financial Dept	Project	Activity	Chartfield1	Account	Percent	Pay Period Start Date	Pay Period End Date
<input checked="" type="checkbox"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="69958677"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="88.9394"/>	<input type="text" value="6/1/2024"/>	<input type="text" value="8/31/2024"/>
<input type="checkbox"/>	<input type="text" value="110"/>	<input type="text" value="9900000"/>	<input type="text"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="11.0606"/>	<input type="text" value="6/1/2024"/>	<input type="text" value="8/31/2024"/>
<input type="checkbox"/>	<input type="text" value="110"/>	<input type="text" value="9900000"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="100.0000"/>	<input type="text" value="9/1/2024"/>	<input type="text" value="9/30/2024"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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