PRINT SAVE CLEAR FORM

NORTHWESTERN UNIVERSITY

Summer Salary Request Form-2024

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	*Payroll Only*
JUNE KELLOGG/MEDILL	6/1/24	6/30/24		
JUNE	6/16/24	6/30/24		
JULY	7/1/24	7/31/24		
AUGUST	8/1/24	8/31/24		
SEPTEMBER NOT KELLOGG/MEDILL	9/1/24	9/15/24		
			0.00	

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.

Grand Total

Approvals

	Date	Phone
TYPE Name of Person Completing Form		
Faculty Signature (if required)		
Authorized Dept/Center BA Signature		
Add'l Dept/Center BA Signature (if required)		
Authorized Home School Signature (not needed if School Approver submits online)		
OR Signature *(for OR Ctr Director/Co-Dir)*		

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
☐	☐									
☐	☐									
☐	☐									
☐	☐									
☐	☐									
☐	☐									
☐	☐									
☐	☐									

COMMENTS:

Submit this completed/signed form to HR Operations online. The submitter confirms that all information is complete and accurate and appropriate signatures have been received and validated.