

Name:  Employee ID:  Academic Base Salary:   
*Last, First, M.I.*  
 Home HR Dept #:  Home Dept Name:  Annual Salary from only 9 Month Appointments:   
*(used to calculate summer salary)*

**Initial Request**  
 The first Summer 2020 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="6/1/20"/>	<input type="text" value="6/30/20"/>	<input type="text"/>
<b>JUNE</b>	<input type="text" value="6/16/20"/>	<input type="text" value="6/30/20"/>	<input type="text" value="8,180.70"/>
<b>JULY</b>	<input type="text" value="7/1/20"/>	<input type="text" value="7/31/20"/>	<input type="text" value="16,361.40"/>
<b>AUGUST</b>	<input type="text" value="8/1/20"/>	<input type="text" value="8/31/20"/>	<input type="text" value="16,361.40"/>
<b>SEPTEMBER</b>	<input type="text" value="9/1/20"/>	<input type="text" value="9/15/20"/>	<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.			<b>40,903.50</b>
			<b>Grand Total</b>

**Approvals**

Shayna Thomason 5/1/20 1-2958

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 (not needed if School Approver submits online) Date Phone

OR Signature (for OR Ctr Director/Co-Dir) 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="6/1/2020"/>	<input type="text" value="8/31/2020"/>
<input type="text"/>	<input type="text" value="610"/>	<input type="text" value="9900000"/>	<input type="text" value="69922332"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text" value="60020"/>	<input type="text" value="43.0000"/>	<input type="text" value="6/1/2020"/>	<input type="text" value="8/31/2020"/>
<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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<b>JUNE</b> KELLOGG/MEDILL	<input type="text" value="6/1/20"/>	<input type="text" value="6/30/20"/>	<input type="text"/>
<b>JUNE</b>	<input type="text" value="6/16/20"/>	<input type="text" value="6/30/20"/>	<input type="text" value="9,298.10"/>
<b>JULY</b>	<input type="text" value="7/1/20"/>	<input type="text" value="7/31/20"/>	<input type="text" value="18,596.20"/>
<b>AUGUST</b>	<input type="text" value="8/1/20"/>	<input type="text" value="8/31/20"/>	<input type="text" value="18,596.20"/>
<b>SEPTEMBER</b>	<input type="text" value="9/1/20"/>	<input type="text" value="9/15/20"/>	<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>

**Approvals**

Shayna Thomason 5/1/20 1-2958

\_\_\_\_\_  
 TYPE Name of Person Completing Form Date Phone

\_\_\_\_\_  
 Faculty Signature (if required) Date Phone

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 Authorized Dept/Center BA Signature Date Phone

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 Add'l Dept/Center BA Signature (if required) Date Phone

\_\_\_\_\_  
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<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="6/1/2020"/>	<input type="text" value="6/30/2020"/>
<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="6/1/2020"/>	<input type="text" value="6/30/2020"/>
<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="63.3000"/>	<input type="text" value="7/1/2020"/>	<input type="text" value="7/31/2020"/>
<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="7/1/2020"/>	<input type="text" value="7/31/2020"/>
<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="8/1/2020"/>	<input type="text" value="8/31/2020"/>
<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:**



