



**Sponsored Research  
Summer Salary Support Form**

<b>Your Name:</b>		
<b>Department:</b>	<b>Title:</b>	
<b>Banner ID:</b>	<b>Today's Date:</b>	
<b>Current 9-month Annual Salary (for first 4 pay-periods) \$_____ divided by 9</b> =\$_____(monthly amt) divided by 2 =\$_____(pay-period amt)	<b>Phone #</b>	<b>Proposed 9-month Annual Salary (for remaining 2 pay-periods) \$_____ divided by 9</b> =\$_____(monthly amt) divided by 2 =\$_____(pay-period amt)

**Please check how many months you would like to be paid for:**

\_\_\_\_\_ 1 month \_\_\_\_\_ 2 months \_\_\_\_\_ 3 months

**Please specify which periods you want to be paid for, what account number to use for each period, and the amount for each period.**

Period	Pay Date	Fund	Account Number	Amount	<b>CHECK IF NON-FEDERAL FUNDS</b>
May 13 – May 26, 2019	May 31, 2019				
May 27 – June 9, 2019	June 14, 2019				
June 10 - June 23, 2019	June 28, 2019				
June 24 – July 7, 2019	July 12, 2019				
July 8 - July 21, 2019	July 26, 2019				
July 22 – August 4, 2019	August 9, 2019				

**Approvals:**

(1) Employee _____ Date _____	(4) R&ED _____ Date _____
(2) Principal Investigator _____ Date _____	(5) VP, R&ED _____ Date _____
(3) Restricted Funds _____ Date _____	(6) VP, Admin & Finance _____ Date _____