



**Sponsored Research
Summer Salary Support Form**

Your Name:

Department:	Title:
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Banner ID:	Today's Date:
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Current 9-month Annual Salary (for first 4 pay-periods) \$_____ divided by 9 =\$_____(monthly amt) divided by 2 =\$_____(pay-period amt)	Phone #	Proposed 9-month Annual Salary (for remaining 2 pay-periods) \$_____ divided by 9 =\$_____(monthly amt) divided by 2 =\$_____(pay-period amt)
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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	CHECK IF NON-FEDERAL FUNDS
May 11 – May 24, 2020	May 29, 2020				
May 25 – June 7, 2020	June 12, 2020				
June 8 - June 21, 2020	June 26, 2020				
June 22 – July 5, 2020	July 10, 2020				
July 6 - July 19, 2020	July 24, 2020				
July 20 – August 2, 2020	August 7, 2020				

Approvals:

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