



**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 10 – May 23, 2021	May 28, 2021				
May 24 – June 6, 2021	June 11, 2021				
June 7 - June 20, 2021	June 25, 2021				
June 21 – July 4, 2021	July9, 2021				
July 5 - July 18, 2021	July 23, 2021				
July 19 – August 1, 2021	August 6, 2021				

**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 _____