

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 2023 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	6/1/23	6/30/23	<input type="text"/>
<b>JUNE</b>	6/16/23	6/30/23	<input type="text"/>
<b>JULY</b>	7/1/23	7/31/23	<input type="text"/>
<b>AUGUST</b>	8/1/23	8/31/23	<input type="text"/>
<b>SEPTEMBER</b>	9/1/23	9/15/23	<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"/>
			<b>Grand Total</b>

**Payroll Only**

**Approvals**

\_\_\_\_\_  
 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
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**COMMENTS:**