



**Sponsored Research
Summer Salary Support Form**

Your Name:		
Department:	Title:	
Banner ID:	Today's Date:	
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)

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