



**Sponsored Research  
Summer Salary Support Form**

**Your Name:**

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

1/2 month   
  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 _____