



**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) \$_____ divided by 9</b> =\$_____ (monthly amt) divided by 2 =\$_____ (pay-period amt)	<b>Phone #</b>	<b>Proposed 9-month Annual Salary (for remaining 2 pay-periods) \$_____ divided by 9</b> =\$_____ (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 6 – May 19, 2024	May 24, 2024				
May 20 – June 2, 2024	June 7, 2024				
June 3 - June 16, 2024	June 21, 2024				
June 17 – June 30, 2024	July 5, 2024				
July 1 - July 14, 2024	July 19, 2024				
July 15 – July 28, 2024	August 2, 2024				

**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 _____