

Summer Pay Request Form

UID: _____

Last Name: _____

First Name: _____

TEACHING ASSIGNMENT: (All fields for course information must be complete.)

| Course # | | Course # | | Course # | | Total |
|----------------|----|----------------|----|----------------|----|-------|
| Section # | | Section # | | Section # | | N/A |
| Credit Hours | | Credit Hours | | Credit Hours | | N/A |
| Course Dates | | Course Dates | | Course Dates | | N/A |
| Course Pay | \$ | Course Pay | \$ | Course Pay | \$ | \$ |
| Course Funding | | Course Funding | | Course Funding | | N/A |

Summer Pay Schedule Job Code: 660000 Department: _____

| Month | Summer Pay | Account # | Position # | Reports to Position # |
|----------------------|------------|-----------|------------|-----------------------|
| May (5/16 to 5/31) | \$ | | | |
| June (6/1 to 6/30) | \$ | | | |
| July (7/1 to 7/31) | \$ | | | |
| August (8/1 to 8/15) | \$ | | | |

NON-TEACHING ASSIGNMENT (Please select what type of activity; Grant/URG or Other (please specify if other).

University Research Grant (URG)/Grant/Other Other, please specify: _____

Summer Pay Schedule Job Code: 660001 Department: _____

| Month | Summer Pay | Account # | Position # | Reports to Position # |
|----------------------|------------|-----------|------------|-----------------------|
| May (5/16 to 5/31) | \$ | | | |
| June (6/1 to 6/30) | \$ | | | |
| July (7/1 to 7/31) | \$ | | | |
| August (8/1 to 8/15) | \$ | | | |

This appointment is contingent upon (and can be revoked at any time during the appointment period based upon) University needs, including but not limited to: the best interest of the University or department; the allocation of departmental funds, program and/or departmental needs; and student enrollment and/or sufficient class enrollment. The monthly salary rate stated herein is subject to appropriation of funds annually by the General Assembly of the State of Illinois and the approval of the Governor. You will receive further notice only in the event that a term or condition of your appointment changes.

Employee: _____ Date: _____ Print Name: _____
 Supervisor: _____ Date: _____ Print Name: _____
 Dean/AVP/VP: _____ Date: _____ Print Name: _____

HR USE ONLY

A/R: _____ A/R: _____
 Dept: _____ Empl Class: _____ Dept: _____ Empl Class: _____
 PN: _____ ER: _____ PN: _____ ER: _____
 Job Cd: 660000 SURS: _____ Job Cd: 660001 SURS: _____

| Month | Salary |
|----------------------|--------|
| May (5/16 to 5/31) | \$ |
| June (6/1 to 6/30) | \$ |
| July (7/1 to 7/31) | \$ |
| August (8/1 to 8/15) | \$ |

| Month | Salary |
|----------------------|--------|
| May (5/16 to 5/31) | \$ |
| June (6/1 to 6/30) | \$ |
| July (7/1 to 7/31) | \$ |
| August (8/1 to 8/15) | \$ |

Retro (Y): Dept Grant HR Work Auth Other

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HR Signature: _____ Date: _____ Print Name: _____