

Summer Pay Request Form

UID: _____

Last Name: _____

First Name: _____

TEACHING ASSIGNMENT: (Teaching, please complete the course information below.)

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

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 (Non-Teaching, 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

Request Type: (New/Update)

Hire/Non Ben Elig

Rehire/Non Ben Elig

Pay Rate Chg/Adj

Dta Chg/Contract Extension

Dept: _____ Empl Class: _____ Job Cd: 660000

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Posn: _____ Retro:(Y/N) _____

Posn: _____ Retro:(Y/N) _____

| 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) | \$ |

SURS: _____

HR Signature: _____ Date: _____ Print Name: _____