

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 #
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June (6/1 to 6/30)	\$			
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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: _____																		
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HR Signature: _____	Date: _____	Print Name: _____																			