

**Illinois State University
SUMMER PAY REQUEST FOR FACULTY**

PERS946 (3/2009)

Submit a separate Summer Pay Request form for payments from a Grant (non-teaching), or URG funds.

Employee's Name (Last, First, M.I.): _____

UID: _____

Employing Department Name/ #: _____

Indicate the type of activity for the summer pay

Teaching URG Grant (non-teaching) - Specify type of work, dates, and times:

Other – Please Specify: _____

Provide the total amount the faculty member should receive each month

Contract Type	May	June	July	August
M	\$ _____	\$ _____	\$ _____	\$ _____

Provide the funding, monthly salary (x2 for May and August), and FTE

I	BEGIN	END	DEPT	PCT	RATE/RATE	CD	T	CY	MOS	CAT	AT	JOB-CLASS	ENTRY DATE	RK	DEPT	TD
O			00			P	L	M1	3	6					00	

Appt	Line	ACCOUNT	POS	AMOUNT	TYP	BEGIN DATE	END DATE	PCT (FTE)	LV	%FM	%LM
			81		FRG				01		
			81		FRG				01		
			81		FRG				01		
			81		FRG				01		
			81		FRG				01		
			81		FRG				01		
			81		FRG				01		
			81		FRG				01		

Capture signatures on lines 1, 2, and 3

Provide Contact Name/# for this payment:

1. _____
Fiscal Agent (Only if grant funded) Date

2. _____
Employee's Chair/Director/Unit Supv. Date

3. _____
Employee's Dean/Administrator Date

For HR Use Only

Comptroller's Office (Grants Accounting) Date

Human Resources verification Date