

Request for Summer Pay or Extra Compensation

Return completed original form to:
Office of the Associate Dean for Administration
306 Graduate Education Building
575-3620

Employee Name	Employee Basis ID		BU
Check all that apply: Extra Comp	Summer Research or other activity	Course	Summer Teaching Session(s) Cr.Hours
Describe Activity:			
Activity Dates:			
Location:			

Payment Amount

Maximum amount allowable

Specific Amount \$

Source of Payment

If multiple ccn's are listed, please specify ccn's to pay out of per month/date range. If split, please indicate amounts or % from each.

CCN	CCN Name	Month of Pay/Date range	\$ or %
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PLEASE NOTE:

12 month appointed employees cannot receive summer research pay. Additional payments beyond salary limits must be paid via extra compensation. Extra compensation requests on grants must be accompanied with email approval from RSSP (Research Support and Sponsored programs).

PI Approval *(if applicable)*

Date

Department Head Approval

Date