Request for Summer Research Pay or Other Non-Teaching Activity Pay

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

Employee Name _____ Employee Basis ID _____ BU _____

Payment Amount

☐ Maximum amount allowable OR ☐ Specific Amount $ _____

Note: Payments per month cannot exceed that which is earned in any month of the previous academic year (i.e. gross monthly amount based on 9 month salary).

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 %

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).

_____ _____
Requester Signature Date

_____ _____
Department Head Approval Date