## **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 N/A **Credit Hours Credit Hours Credit Hours 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).  $\square$  University Research Grant (URG)/Grant/Other  $\square$  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) \$ Ś 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. Date: Print Name: Employee: Supervisor: Print Name: Dean/AVP/VP: Date: Print Name: HR USE ONLY A/R: A/R: Empl Class: Empl Class: Dept: Dept: PN: ER: PN: SURS: Job Cd: 660000 SURS: Job Cd: 660001 Month Salary Month Salary May (5/16 to 5/31) \$ May (5/16 to 5/31) \$ June (6/1 to 6/30) \$ June (6/1 to 6/30) \$ July (7/1 to 7/31) July (7/1 to 7/31) August (8/1 to 8/15) August (8/1 to 8/15) Retro (Y): Dept Grant HR Work Auth Other Retro (Y): Dept Grant HR Work Auth Other HR Signature: Date: Print Name: