

2018 FACULTY SUMMER SALARY WORKSHEET

Please return to Corinna Koehnenkamp, Room 2-707D
PAB, by June 15, 2018.

Name: _____

UID: _____

Do Not Write In This Box - Office Use Only

Title Code: _____

Annual Salary: _____

Summer Salary: _____

Merit Pending Effective 07/01/18: Yes No

New Annual Salary: _____

New Summer Salary: _____

Month	No. of Days	%	Funding Source (x-xxxxxx-cc-xxxxx-x)	Agency
JUNE (06/18-06/30) max = 10 days (0.5263)				
JULY (07/01-07/31) max = 22 days (1.1579)				
AUG (08/01-08/31) max = 23 days (1.2105)				
SEPT (09/01-09/21) max = 15 days (.7895)				
Total (max = 57 days)*			*Please claim no more than 57 days	

Signature of PI/Professor

Date: _____

Signature of Fund Manager

Date: _____

EDB _____
Audit _____