

Faculty Summer Supplement Request Form

Please note all summer supplement payments must occur during the months of May – August. Additionally, all payments, for the employee, should be submitted together in order to ensure that the total compensation can be determined for correct payroll coding. For more information please access the UK Standard Operating Procedure [here](#).

Date of request:

Employee Name

Organizational Unit Number

Subgroup:

ID Number

Department Name

Personnel Number

True Annual Salary:

Annual Salary / 9 :

Monthly summer salary amount to be paid:

Payment Begin Date:

Payment End Date:

Select the Summer Supplement payment type:

Cost object to be charged:

Preparer's Signature

Department Chair Signature

Notes (optional)

For M-G CAFE Business Center Use Only

Is the **Total** Summer Research/Admin equal to or greater than 1/9 of annual salary? Y N
(2350/2395 = Yes 2340/2230 = No)

Is this summer teaching? Y N
(2320 = Yes)

Is this a one-time payment or recurring payment?

PA 30 entry date/ZPAR printed

____ Notify Department when action has taken place

_____File on Shared drive in Faculty Summer Supplement Folder

Date completed: