



Faculty Summer Supplement Request Form

Please note all summer supplement payments must occur during the months of May – August. For more information please access the UK Standard Operating Procedure [here](#).

Date of request:

Employee Name

ID Number

Personnel Number

Organizational Unit Number

Department Name

Subgroup:

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 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: