

_____ Last Name, First Name

Date: _____

People Soft ID: _____

Dept: Center for Research in Scientific Computation

Please circle one : **9 month or 12 month** appointment **Select one: Session 1 : Session 2 : Dual Session**

	Account	Start Date	End Date	Total Amt of Pay	Pay Distribution			
					May	June	July	August
1								
2								
3								
4								
5								
Insert additional rows here								
Totals				-	-	-	-	-

Will you be working an additional "PAID" job (ex. Research, Distance Ed, etc.) during the time period indicated above?
 You must select one: NO ; YES (if YES, please provide details in the comments box below (click in the box to activate text mode):

Signature Date

College Business Office Date

Department Head Date

Dean Date

If you have questions concerning this form contact:
 Joyce P. Stevens at 513-2089
 Veronica Morrison at 515-2544

FORM DUE TO Business Office on the following dates:
May 6th ; June 8th; July 7th; August 7th.