FACULTY
SUMMER SALARY REQUESTS

Name: ____________________________________________

UR ID: ____________________________________________

Department: _______________________________________

Grant Agency and Title: ______________________________

Index Number: _____________________________________

Grant Summer Salary Amount: (stipend only, do not include fringe) ______________________________

Per the Uniform Guidance, payroll cannot be disbursed prior to effort being expended. Please check all boxes that apply to the summer months you will be working on the grant indicated above. The “Month Worked” column contains the summer months. The “Pay Date” corresponds to the month worked.

<table>
<thead>
<tr>
<th>MONTH WORKED</th>
<th>PAY DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ June 2015</td>
<td>→ July 1st</td>
</tr>
<tr>
<td>☐ July 2015</td>
<td>→ July 31st</td>
</tr>
<tr>
<td>☑ August 2015</td>
<td>→ September 1st</td>
</tr>
</tbody>
</table>

In accordance with the requirements of the Uniform Guidance 200.430 (h) (2) the document which provides the guidelines for sponsored activities for educational institutions, salaries for sponsored agreements must produce a proportionate distribution of charges for the employees’ activities. I understand that this grant will pay me approximately _____% of my salary in the 14/15 fiscal year, and I certify that I will spend at least that percentage of my time on this grant.

_________________________________________    __________________
Principal Investigator Signature     Date

_________________________________________    __________________
Grants Accounting Manager                                                               Date

Return this form to James Fitchett in the Controller’s Office by campus mail or by email, jfitchet@richmond.edu.