

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.

MONTH WORKED		PAY DATE
<input type="checkbox"/> June 2015	→	July 1st
<input type="checkbox"/> July 2015	→	July 31st
<input type="checkbox"/> August 2015	→	September 1st

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.
