

SUMMER SESSION STAFFING CHANGE FORM (UNIT FACULTY ONLY)

Department: _____ Faculty Member _____

Date: _____ Faculty Employee ID _____

If there are changes to the summer session worksheets (Unit Faculty only) after the summer appointment letters have been sent out, please note the changes below and forward this form through the Dean, then onto the Office of the Provost. **ALL** columns must be completed before the change will be initiated.

FROM: (As it currently is reflected on your summer session sheets)				CHANGE TO:			
Course	Bi-Weekly Salary Submitted	Funding Source - Fund and Cost Center	Payment Date(s)	Course	Bi-Weekly Salary Requested	Funding Source - Fund & Cost Center	Payment Date(s)
Budget Office Comments				Budget Office Comments			

Approved by: _____
Chair of the Department or Director of the School

Funding Approval

Dean of the College

Provost and Executive Vice President for Academic Affairs

Budget Office

CC: Dean Admin, Bryronni Ferguson, Stephanie Swezey, Payroll