NORT	HWES	TERN	UNIVERSITY	Summer Salary Request Form-2024						PRINT SAVE CLEAR FORM 💥			
Name	•	nple #1	1	Employee ID:	1234567	Ac	cademic Ba Sala		147,25	2.60	The first Summe request for this	er 2024 C	Change Funding Change the funding for a previously ubmitted payment.
Home Dep	HR	9900	Home Dept Name:	luman Resources		9 M	nual Salary from Ionth Appointme alculate summer sa	ents:	147,25	2.60	Add payment for month to this e		Change Amount
Payme	nt Am	ounts							Approvals			F - 7	
			Effective Date	End Date	Flat Amoun	t	Payroll Or		Willie Wildca		nnleting Form	5/1/24 Date	1-3245 Phone
	JUN KELLOGG/		6/1/24	6/30/24									
	JUI	NE	6/16/24	6/30/24	8,180	.70			Faculty Signature			Date	Phone
	JUI	LY	7/1/24	7/31/24	16,361	.40			Authorized Dept,	/Center B	A Signature	Date	Phone
	AUG	UST	8/1/24	8/31/24	16,361	.40			Add'l Dept/Cente	er BA Sign	ature (if required)	Date	Phone
	SEPTEI NOT KELLOG		9/1/24	9/15/24					Authorized Home (not needed if School A			Date	Phone
con	ver 2.5 m	onths' sa re-certifi	lary is being requested an cation form signed by factoust be attached.	-	40,903. Grand Total	50			OR Signature (for	OR Ctr Dir	ector/Co-Dir)	Date	Phone
<u>Payme</u>	nt Fun	<u>ding</u>	~	open for form to be co vill not directly relate						_			
NIH N	SF	Fund	Financial Dept	Project	Activity	Cha	artfield1		Account	P	ercent	Pay Period Start Date	Pay Period End Date
		610	9900000	69912345	01				60020		57.0000	6/1/2024	8/31/2024
] [610	9900000	69912345	01				60020		43.0000	6/1/2024	8/31/2024
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] [$=\mid$			-					
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╽╠┤┞	 				$\dashv \vdash \dashv$								
CO	/MEN1	rs: Ne	ew payment reques	st for June, July ar	nd August with	n the	same fund	ding	distribution fo	r each	payment.		

NORT	HWE	STERN	UNIVERSITY		Summer	Salary Requ	PR	SAVE =	CLEAR FORM 💥		
Name	•	mple #2	2	Employee ID:	1234567	Academic Sa	Base alary:	147,252.0	The first Sum		Change Funding hange the funding for a previously ubmitted payment.
Home Dep	HR	99900	Home Dept Name:	luman Resources	(0	Annual Salary fr 9 Month Appoin used to calculate summe	itments:	147,252.0	001		Change Amount hange the amount for a previously ubmitted payment.
Payme	nt An	nounts					<u>A</u>	pprovals			
			Effective Date	End Date	Flat Amoun	t <i>Payroll</i>	,	Willie Wildcat		6/1/24	
		NE G/MEDILL	6/1/24	6/30/24				TYPE Name of Perso		Date	Phone
	JU	NE	6/16/24	6/30/24		$\exists I \vdash$		Faculty Signature (if	required)	Date	Phone
	JU	ILY	7/1/24	7/31/24				Authorized Dept/Ce		Date	Phone
	AUG	SUST	8/1/24	8/31/24				Add'l Dept/Center B	SA Signature (if require	Date	Phone
		MBER DGG/MEDILL	9/1/24	9/15/24	8,180.	70		Authorized Home So (not needed if School Appl		Date	Phone
cor	npleted	pre-certific	lary is being requested ar cation form signed by fac nust be attached.	-	8,180.	70		OR Signature (for OR	Ctr Director/Co-Dir)	Date	Phone
Payme	nt Fu	ndin <u>g</u>	_	open for form to be owill not directly relate							
NIH N	ISF	Fund	Financial Dept	Project	Activity	Chartfield1	A	Account	Percent	Pay Period Start Date	Pay Period End Date
		610	9900000	69912345	5 01			60020	100.0000	9/1/2024	9/30/2024
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COI	MMEN	ITS: Ac	ldina September's	half-month payme	ent to Example	e #1. A copy	of the ir	nitial request m	ust be included		

NORTH	IWESTE	RN L	JNIVERSITY		Summer Salary Request Form-2024						SAVE =	CLEAR FORM 💥
Name:	Examp			Employee ID:	1234567	A	cademic Bas Salar	167.36	65.80	Initial The first Summe	r 2024 C	Change Funding
Home I Dept	laaaa		Home Dept Name:	man Resources		9 N	nual Salary from or Month Appointmen Palculate summer sala	ts: 167,36	65.80	request for this Add'I Add payment fo month to this en	Request (+)	Change Amount hange the amount for a previously ubmitted payment.
Paymer	it Amou	nts						<u>Approvals</u>				·
_			Effective Date	End Date	Flat Amour	nt	Payroll Only				5/1/24	
	JUNE KELLOGG/MEI	ILL	6/1/24	6/30/24				TYPE Name of P			Date	Phone
	JUNE		6/16/24	6/30/24	9,298	3.10		Faculty Signatu		•	Date	Phone
	JULY		7/1/24	7/31/24	18,596	5.20		Authorized Dep	,	J	Date	Phone
	AUGUS	Т	8/1/24	8/31/24	18,596	5.20		Add'l Dept/Cent	ter BA Sigr	nature (if required)	Date	Phone
_	EPTEME		9/1/24	9/15/24				Authorized Hon (not needed if Schoo			Date	Phone
com	oleted pre-	ertifica	ary is being requested and ation form signed by facult ust be attached.	-	46,490 Grand Total	.50		OR Signature (fo	or OR Ctr Din	rector/Co-Dir)	Date	Phone
Paymer	t Fundii	<u>ıg</u>	Chartstring must be of These percentages will						_			
NIH NS	F Fu	nd	Financial Dept	Project	Activity	Ch_	artfield1	Account	P	ercent	Pay Period Start Date	Pay Period End Date
	6	10	9900000	69912345	5 01			60020		57.0000	6/1/2024	6/30/2024
	6′	0	9900000	61122332	2 01			60020		43.0000	6/1/2024	6/30/2024
	6′	0	9900000	69912345	01			60020		36.3000	7/1/2024	7/31/2024
	6′	0	9900000	61122332	2 01			60020		36.7000	7/1/2024	7/31/2024
	6′	0	9900000	69900400	01			60020		100.0000	8/1/2024	8/31/2024
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СОМ	MENTS:	Nev	w payment request	for June. July a	nd August wit	h diffe	erent fundin	g distribution fo	r each r	month.		

NORTH	WESTERN	UNIVERSITY		Summer	Salary Reques	t Form-2024	PRIN	SAVE 📙	CLEAR FORM 💥
Name:	Example #4	4	Employee ID:	234567	Academic Bas Salar	1 167 365 8	The first Summe request for this	er 2024 Ch	Change Funding hange the funding for a previously ubmitted payment.
Home F Dept	IR 999900	Home Dept Name:	ıman Resources	(us	Annual Salary from or 9 Month Appointmen sed to calculate summer sala	ts: 167,365.8	V44,1	Request (+)	Change Amount hange the amount for a previously abmitted payment.
Pavmen	t Amounts					Approvals	month to this e	inproyee.	iomitteu payment.
		Effective Date	End Date	Flat Amount	Payroll Onl	\A(''\\''\'\'\\\\\\\\\\\\\\\\\\\\\\\\\\	on Completing Form	5/1/24	1-3245 Phone
k	JUNE KELLOGG/MEDILL	6/1/24	6/30/24						
	JUNE	6/16/24	6/30/24			Faculty Signature (if		Date	Phone
	JULY	7/1/24	7/31/24		11	Authorized Dept/Ce	nter BA Signature	Date	Phone
	AUGUST	8/1/24	8/31/24		=	Add'l Dept/Center B	A Signature (if required)	Date	Phone
	EPTEMBER	9/1/24	9/15/24		1	Authorized Home So (not needed if School Appr		Date	Phone
comp chief,	leted pre-certifi	alary is being requested and ication form signed by facul must be attached.	ty, chair/division	O.C		OR Signature (for OR		Date	Phone
ruyiileii	t rununig	_				ppointments with diffe			
NIH NS	F Fund	Financial Dept	Project	Activity	Chartfield1	Account	Percent	Pay Period Start Date	Pay Period End Date
ПГ	610	9900000	69900400	01		60020	92.4452	8/1/2024	8/31/2024
	610	9900000	64400123	01		60020	7.5548	8/1/2024	8/31/2024
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$\mid \ \mid \ \mid \ \mid$				4					
COM	MENTS: Ch	hanging the funding	distribution from E	xample #3. A	copy of the ini	tial request must be	e attached, with a	line through fund	ding for August.

NORTHWESTERN UN	NIVERSITY		Summer S	Salary Request	PRINT SAVE CLEAR FORM			
Name: Example #5		Employee ID:	234567	Academic Base Salary	187.121.791	The first Summe request for this	er 2024 Ch	Change Funding ange the funding for a previously britted payment.
Home HR Dept #:	Home Dept Name:	an Resources	(us	Annual Salary from onl 9 Month Appointment sed to calculate summer salary	187,121.79	Add payment for month to this e		Change Amount ange the amount for a previously britted payment.
Payment Amounts					<u>Approvals</u>			· ·
E	Effective Date	End Date	Flat Amount	Payroll Only			5/1/24	
JUNE KELLOGG/MEDILL	6/1/24	6/30/24			TYPE Name of Person Cor	. 0	Date	Phone
JUNE	6/16/24	6/30/24	10,395.6	66	Faculty Signature (if requir	red)	Date	Phone
JULY	7/1/24	7/31/24	20,791.3	■ ==	Authorized Dept/Center I	3A Signature	Date	Phone
AUGUST	8/1/24	8/31/24	20,791.3	31	Add'l Dept/Center BA Sig	nature (if required)	Date	Phone
SEPTEMBER NOT KELLOGG/MEDILL	9/1/24	9/15/24	10,395.6	66	Authorized Home School (not needed if School Approver su	ubmits online)	Date	Phone
completed pre-certification chief, dean and VPR must		chair/division	62,373.9 Grand Total	_	OR Signature (for OR Ctr Di	, ,	Date	Phone
	• ,				ppointments with different			
NIH NSF Fund	Financial Dept	Project	Activity	Chartfield1	Account F	ercent	Pay Period Start Date	Pay Period End Date
610	9900000	69958677	01		60020	88.9394	6/1/2024	8/31/2024
110	9900000		01		60020	11.0606	6/1/2024	8/31/2024
	9900000				60020	100.0000	9/1/2024	9/30/2024
			_					
			_					
			_					
$HH \vdash H$								
COMMENTS: New	request with NIH fu	undina, utilizina tl	he 2024 NIH	cap of \$18.491.	67 (\$221,900 per year	·).		