SUMMER QUARTER SALARY REQUEST FORM
(Summer Quarter Pay Period: June 16 – September 15)

The Henry M. Jackson School of International Studies
University of Washington, Box 353650

Date: _____________________  JSIS Program: ________________________________

Name of Person Submitting Form: ____________________________________________

Your Email: ___________________________  Your Phone: ________________________

Total number of months of summer salary _______

TIME PERIOD WHEN SUMMER SALARY OR OTHER PAYMENT WILL BE EARNED:

Indicate either fixed amount or number of month(s) _____________  Budget Number** ___ - _______

Time period when work is being performed __________________________________________

Describe the work being performed to warrant payment:

Indicate either fixed amount or number of month(s) _____________  Budget Number** ___ - _______

Time period when work is being performed __________________________________________

Describe the work being performed to warrant payment:

Indicate either fixed amount or number of month(s) _____________  Budget Number** ___ - _______

Time period when work is being performed __________________________________________

Describe the work being performed to warrant payment:

For those who have a full-time nine month faculty appointment and plan to work 100% for more than 2.5 months this summer; in addition to replying and providing the above mentioned information, you will need to submit the "Full Time Summer Salary Notification Form For Nine Month Faculty" to Academic Human Resources. Below is the link for the aforementioned form: http://ap.washington.edu/ahr/forms/summer-notification/

When you have submitted the form to Academic Human Resources, please notify us at dvorah@uw.edu & xql@uw.edu

** NOTE: BUDGET MUST BE APPROVED BY AUTHORIZED SIGNER

If you are receiving summer salary from another source or unit other than the Jackson School, please indicate where the funds are coming from in the comments below.

Comments or special instructions