

BERRY COLLEGE

Faculty Summer Salary Request Form

DATE: _____

NAME (please print): _____

SIGNATURE: _____

FUNDING AGENCY: _____

I am requesting summer support from the project(s) identified below:

	ACCOUNT NUMBER	PERCENTAGE EFFORT	SIGNATURE OF PRINCIPAL INVESTIGATOR¹	AMOUNT REQUESTED
JUNE				
JULY				
AUGUST				

¹If the source of funds is other than your own grant, the grant PI should sign as approval

Approvals:

	Signature	Date
Academic Dean	_____	_____
Dir., Faculty Res. and Spon. Prog.	_____	_____
Provost	_____	_____
Dir., Financial Planning/Budgets	_____	_____
Vice President for Finance	_____	_____

Please send completed form to Kim Terrell, Campus Box 5037