

**JACOBS SCHOOL OF ENGINEERING
FACULTY SALARY EXCHANGE/BUYOUT PROGRAM
SALARY EXCHANGE REQUEST**

Requests must be received by the Dean's Office are due one month before the pay period start date of the request.

Today's Date: _____ Employee I.D.: _____

Employee's Name: _____

Employee's Signature: _____

Payroll Title: _____ Dept.: _____

Department Contact: _____
(Print name and extension of person to contact for questions, etc.)

Department Approval: _____
(Department Chair Signature)/Date

Pay Period of Funding Exchange (Must coincide with quarterly pay periods): _____ Fall
Begin: _____ End: _____ Winter
Spring

Description of Salary Exchange (Attach separate sheet if necessary):

Current Method of Pay:

	Total
Project #(s) _____	
Task #(s) _____	
Fund(s) _____	
Percent _____	
<small>Contingency for GCCP</small>	_____

Proposed Method of Pay:

	Total
Project # (s) _____	
Task #(s) _____	
Fund(s) _____	
Percent _____	
<small>Contingency for GCCP</small>	_____

Notes:

Participating in GCCP
Submitted APM 025
CAT I
On Leave
Teaching Overload

Dean's Approval: _____ Date: _____

Executive Vice Chancellor's Approval: _____ Date: _____