

**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/date: _____
(Department Chair Signature)

Pay Period of Funding Exchange (Must coincide with quarterly pay periods):

Begin: _____ End: _____

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

Please list the current method of pay:

	Total
Index(s) _____	
Fund(s) _____	
Percent _____	

Proposed Method of Pay:

	Total
Index(s) _____	
Fund(s) _____	
Percent _____	

Notes:

Dean's Approval: _____ Date: _____

Executive Vice Chancellor's
Approval: _____ Date: _____