

Dickinson

Summer Sponsored Project Salary Request Form

Requester Name:

Funding Agency:

Project Title:

Grant Account #:

I will be working on the above-referenced project during the following summer time period:

I will take no time off and have no other academic or administrative responsibilities during the time period noted above.

My compensation will be paid according to the work schedule noted above. If my effort on this summer project changes, I will notify Financial Operations and the Sponsored Projects Office immediately.

Requester's Signature: _____
(Electronic signature or typed name acceptable)

Date:

N.B.: This letter will be maintained in the faculty member's personnel file and/or appropriate sponsored projects file in order to be readily available for audit purposes.