**Academic Policy Series 1435.70B**

**University of Arkansas**

**Faculty Salary Funding Incentive Plan**

**Payment Confirmation**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | | |  | | | | | | | | Employee ID: | |  | |
|  | | | | |  | | | | | | | | | |
| Amount to be Paid: | | | | |  | | | | | | | | | |
|  |  | | | | | |  | |  | | | | | |
| Position #: |  | | | | | | Cost Center #: | |  | | | | | |
|  | | | | | |  | | | | | | | | |
| Date(s) of incentive payment(s): | | | | | |  | | | | | | | | |
|  | | | |  | | | | | |  | |  | | |
| Dept/Unit Name or Budgetary Unit: | | | |  | | | | | | Date Completed: | |  | | |
|  | | | |  | | | | | |  | |  | | |
| Authorized Signatures: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Employee | |  | | | | | |  | | | | | |  |
| Print Name | | | | | | Signature | | | | | | Date |
| Department  Chair/Head | |  | | | | | |  | | | | | |  |
| Print Name | | | | | | Signature | | | | | | Date |
| Academic Dean | |  | | | | | |  | | | | | |  |
|  | | Print Name | | | | | | Signature | | | | | | Date |
| Vice Provost for Research (for Provost) | |  | | | | | |  | | | | | |  |
| Print Name | | | | | | Signature | | | | | | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HR USE ONLY** | | | | |
|  |  |  |  | |
| **I9-DF** |  | **ADJ #** |  | |
|  |  |  |  | |
| **NRA** |  | **Date Processed** | |  |
| ***Please deliver this completed and signed form to Payroll at ADMN 222*** | | | | |

2/10/09