**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 |
| DepartmentChair/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