

**SCHOOL OF SOCIAL SCIENCES
FACULTY SALARY EXCHANGE 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
Winter
Spring
 Begin: _____ End: _____

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

Current Method of Pay:

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

Proposed Method of Pay:

Project # (s)	_____	_____	_____	_____	Total
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: _____