

Faculty Incentive Form for FY19

Faculty Name: _____ Empl ID: _____
 Department Name: _____ Position #: _____ Job Code: _____
 Institutional Base Salary: _____ Requested Faculty Salary Incentive Amount: _____
 Allowable Salary Incentive: _____ Total Amount to transfer: _____
 Payment Option: _____ Lump Sum (paid in September) Allowable % of Institutional Base Salary
 _____ Spread over 9-month contract

Funding Information:

Fund	Deptid	Program	Class	Project	MoCode	Salary	FICA*	Total

* Rate

By signing below you are validating that allowable and appropriate funds are available.**

Approve Disapprove

Faculty Member _____ Date _____

Approve Disapprove

Department Chair _____ Date _____

Approve Disapprove

Fiscal Manager _____ Date _____

Approve Disapprove

Vice Provost & Dean _____ Date _____

Approve Disapprove

Center Director _____ Date _____

Approve Disapprove

Vice Provost for Research _____ Date _____

Approve Disapprove

University Advancement _____ Date _____

Approve Disapprove

Provost _____ Date _____

**Faculty member, department chair, fiscal manager, and Vice Provost & Dean are required signatures on each form. Signatures from Center Director, Vice Provost of Research and University Advancement are only required when funds are from those sources. The Provost will only be required to sign the form if there are special circumstances around the faculty incentive.