UCLA International Institute
ACADEMIC COMPENSATION REQUEST
FOR PAYMENT
FROM CONTRACT/GRANT/GIFT FUNDS
2015-2016

SUMMER NINTH

Use this form to request up to 3/9 of a faculty member's annual salary as summer compensation. Please forward the completed form to Tara Wake of the Institute Payroll and Personnel Office to forward to Vice Provost approval and EDB processing.

1. Name of faculty member: ___________________________ Contact Information: ___________________________ Email/Phone

2. Affiliated Center/Program at the UCLA International Institute: ___________________________

3. Academic Department at UCLA: ___________________________

4. Brief description of funded activities:

5. Effective July 1, 2015, the rank and step of the faculty is: ___________________________

6. Annual Salary: ___________________________

7. Has faculty member received other ninths for Summer 2015? If yes, list department and month(s)?

8. State Summer Session(s) employment, if applicable:

9. Account and Fund name and number:

10. Amount to be paid: e.g. $5000 or 1/9th

Form prepared by: ___________________________
(Contact person) ___________________________ Name/Email/Phone

REQUIRED SIGNATURES:

____________________________________
Director/Principal Investigator

____________________________________
Vice Provost, Dean, International Institute