

**TM**

**FACULTY EXTENDED SICK SALARY TRANSFER REQUEST**

Note: This form is for Faculty members who are not in the Time and Labor system but have extended sick charges which are eligible to be covered by central funds.

DATE: \_\_\_\_\_

TO: Jean Mayes

FROM: Name: \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Faculty Member Name \_\_\_\_\_

UMID \_\_\_\_\_ Empl Rcd# \_\_\_\_\_

Faculty Appointment Type (check one):  Monthly Faculty  U-Year Faculty

Time Period of Coverage: \_\_\_\_\_

Number of Days Covered: \_\_\_\_\_

Number of Hours Covered: \_\_\_\_\_

Comments: \_\_\_\_\_

From Sponsored ShortCode(s)	% of Distribution on ShortCode	To ShortCode
		<b>105785</b>
		<b>105785</b>
		<b>105785</b>
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