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TM

RESEARCH FELLOW EXTENDED SICK SALARY TRANSFER REQUEST

Note: This form is for Research Fellows 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: _____

Department: _____ Phone Number: _____

Research Fellow Name: _____

UMID _____ Empl Rcd# _____

Time Period of Coverage: _____

Number of Days Covered: _____

Number of Hours Covered: _____

Comments: _____

From Sponsored ShortCode(s)	% of Distribution on ShortCode	To ShortCode
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