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FACULTY EXTENDED SICK, MATERNITY LEAVE and/or PARENTAL LEAVE SALARY TRANSFER REQUEST

Note: This form is for Faculty members who are not in the Time and Labor system but have charges for extended sick, maternity leave, and/or parental leave 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 FacultyU-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
ShortCouc(s)	Shortcode	105785
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