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**RESEARCH FELLOW COVID-19 PAID TIME OFF DUE TO LACK OF WORK and/or EXPANDED-FMLA
 SALARY TRANSFER REQUEST**

Note: This form is for Research Fellows who are not in the Time and Labor system but have charges for COVID-19 PTO due to lack of work and/or EFMLA which are eligible to be covered by central funds.

Date: _____

To: Jon Fleszar

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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