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TM

**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: Jon Fleszar

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
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