The University of Memphis

Research Incentive Payment Request Form

The faculty incentive pay plan allows payment of additional compensation to regular faculty from funds generated from external funding sources through recovery of base salary. For faculty to qualify for incentive pay, the external sponsor must provide the maximum F&A allowed by the sponsor's formal policy. **Incentive pay may not exceed 50% of the amount recovered. Additionally, a Faculty Incentive Pay Plan Agreement must be negotiated and signed by the Dean or Chair, and an Effort Certification Form must reflect work performed that supports this request.**

Check Period for this Request: Forms may not be submitted before the end of each period.

For Academic Year Faculty:

- ❑ September 1 through December 31, 200____ (If received by February 5, payment will be made on February 15)
- ❑ January 1, though April 30, 200 ____ (If received by June 5, payment will be made on June 15)

For Fiscal Year Faculty:

- ❑ July 1 through December 31, 200____ (If received by February 5, payment will be made on February 15)
- ❑ January 1 through June 30, 200____ (Must be received by July 5 and payment must be made on July 15)

Please type or print.

Name _____
(Last) (First) (M.I.)

SSN _____ Rank _____

Department _____ Timekeeping Location: _____

Telephone No. _____ E-mail address: _____

Attach Documentation Supporting this Request:

- ❑ Copy of executed Faculty Incentive Pay Plan Agreement for applicable fiscal year(s).
- ❑ Copy of signed Effort Certification Form for the period checked above.

Payment Requested:

Earnings Code	Account Name	Account No.	Object Code	Amount
082			**1265**	$
082			**1265**	$

I certify that this request is in compliance with the Faculty Research Incentive Pay Plan Policy and that all attachments are true and correct.

- ❑ Requested: _____ Date: _____
  (Faculty Member's Signature)
- ❑ Approved: _____ Date: _____
  (Department Chair)
- ❑ Approved: _____ Date: _____
  (Dean)
- ❑ Reviewed: _____ Date: _____
  (Vice Provost for Research)

To be Completed by VPR: Position No. _____ Assignment No. _____ Job Code _____

After approvals and reviews, send Original and 1 Copy to the Payroll Office and retain Copy for your file.

This Section for Payroll Office Use Only:

Date Received: _____Signature _____Payroll Certification _____