

**JACOBS SCHOOL OF ENGINEERING
FACULTY SALARY EXCHANGE/BUYOUT PROGRAM
SALARY EXCHANGE REQUEST**

Requests must be received by the Dean's Office at least 30 days prior to the first day of the quarter in which the requested program participation will take place.

Today's Date: _____ Employee I.D.: _____

Employee's Name: _____

Employee's Signature: _____

Payroll Title: _____ Dept.: _____

Department Contact: _____
(Print name and extension of person to contact for questions, etc.)

Department Approval/date: _____
(Department Chair Signature)

Pay Period of Funding Exchange (Must coincide with quarterly pay periods):

Begin: _____ End: _____

Description of Salary Exchange (Attach separate sheet if necessary):

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Please list the current method of pay:

Index(s)	_____	_____	_____	_____	Total
Fund(s)	_____	_____	_____	_____	
Percent	_____	_____	_____	_____	

Proposed Method of Pay:

Index(s)	_____	_____	_____	_____	Total
Fund(s)	_____	_____	_____	_____	
Percent	_____	_____	_____	_____	

Notes:

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Dean's Approval: _____ Date: _____

Executive Vice Chancellor's
Approval: _____ Date: _____