

Faculty Summer and J-Term Supplemental Pay Request

Summer Compensation and Stipends

*For sponsored programs, please use [**Sponsored Programs Summer Compensation Request form.**](#)

Employee Information

Last Name	First Name	M.I.	USNH ID#
Current Classification Title	Current FTE	Department	College
Supervisor Name	Supervisor ID#		

Supplemental Pay Information

Select Position Type:

Faculty Teaching

Faculty Other

Faculty Stipend

PINK fields are for Provost's Office Use Only.

Payment Amount	Start Date mm/dd/yy	End Date mm/dd/yy	Position#	Summer	J-Term	Other
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TSOrg/Department	Subject & Course #	Section#	# Credits	CRN#	Course Title or Assignment
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Fund

Org

Account

Program

Activity

Location

Describe the proposed supplemental activity.

Approval

Department Chair or Hiring Department's Signature

Date

Dean's Signature

Date

Provost Signature

Date