

Academic Year Grant Statement

Supervisors: Please complete this form and return to Payroll promptly.

The following student, _____ LU ID _____ ,
will be receiving grant funds for work completed.

Please list the name of the grant: _____

Charge pay to general ledger # _____
List fund-organization-account-program-activity

Will this student be paid by the hour or by a flat salary amount? _____

Complete applicable boxes in the grid below.

HOURLY		SALARIED	
<i>Indicate which terms the student will work</i>	Hourly Rate	<i>Indicate which terms the student will work</i>	Rate per term NOTE: Salary for each term will be divided evenly over six pay periods. PLEASE INDICATE NUMBER OF HOURS WORKED PER WEEK.
Term I		Term I	\$ _____ per term (# of hrs. per week)
Term II		Term II	\$ _____ per term (# of hrs. per week)
Term III		Term III	\$ _____ per term (# of hrs. per week)

Supervisor's signature

Date

PLEASE PRINT SUPERVISOR'S NAME

Please send completed form to payroll. If you have questions please call payroll at x7056.