

Mississippi State University

Summer Appointment Request Form

Complete this form to request payment(s) for a summer appointment (but not Summer School Teaching Appointments) during the period May 16 - August 15 for a 9-month employee. This form will not be accepted for any other type of payment. Obtain the appropriate signature approvals and forward to the Department of Human Resources Management, mail stop 9603 or 150 McArthur Hall.

MSU ID No. _____
 Name: _____ (First, Middle, Last)
 Title(s): _____
 Home Org. Name: _____
 Home Org. Number _____
Org. name and number for department requesting payment:
 Org. Name: _____
 Org. Number: _____
 Annual Rate of Pay: \$ _____ Fiscal Year: _____

Work performed from: _____ to _____

\$ _____ Total payment amount requested.

Provide a brief description of services performed and justification for this request below.

Type of Services Performed:

Justification:

If teaching Maymester in addition to this assignment, list amount of payment: _____

If teaching Summer School in addition to this assignment, list amount of payment(s): (info. use only)

1st Term \$ _____ % 2nd Term \$ _____ %

Position Number	Date of Payment	Account Name	Fund	Org	Account	Program	Activity	Amount of Payment	Workload %

Note: If this work is outside of the employee's regular department, the home department must also sign this form.

Form prepared by:	For Office Use Only:
Name: _____	
Phone: _____	

Approval Signatures: _____ Date: _____
