

JACKSONVILLE STATE UNIVERSITY
SALARY DISTRIBUTION FORM

Employee Name _____ Employee ID No.: _____

Obtain following information from Human Resources

Position Number: _____ Department Name: _____

SALARY DISTRIBUTION

<u>FOAP</u>	<u>% Time</u>	<u>Amount</u>
_____-_____-_____-_____-_____	_____	_____
_____-_____-_____-_____-_____	_____	_____
_____-_____-_____-_____-_____	_____	_____
	100%	Total Salary: _____

Begin Date: _____

Stop Date: _____

*Note: Unless a change in distribution is approved
the employee will be terminated on this date.*

*Attach Statement of Justification/Explanation and copy of grant or contract.
Status change requires new Salary Distribution Change Form.*

Approval:

Principle Investigator Date

Vice President Date

Department Head Date

Restricted Funds Accountant Date

Dean/Director Date

Human Resources Date

Distribution: Payroll
Restricted Funds Accountant
Employee