

University of Arkansas
Faculty Salary Funding Incentive Plan
Payment Confirmation

Employee Name: _____ Employee ID: _____

Amount to be Paid: _____

Position #: _____ Cost Center #: _____

Date(s) of incentive payment(s): _____

Dept/Unit Name or Budgetary Unit: _____ Date Completed: _____

Authorized Signatures:

Table with 5 rows and 4 columns: Role, Print Name, Signature, Date. Roles include Employee, Department Chair/Head, Academic Dean, Vice Chancellor for Research and Innovation, and Provost and Executive Vice Chancellor for Academic Affairs.

HR USE ONLY

I9-DF _____ ADJ # _____

NRA _____ Date Processed _____

Please deliver this completed and signed form to Payroll at ADMN 222