

# Salary Funding Incentive Payment Confirmation Form

This form should be completed by all faculty or non-classified professional staff seeking to receive incentive payments pursuant to UALR Policy 402.26. The Salary Funding Incentive Application must be submitted and acknowledged prior to submission of the Salary Funding Incentive Payment Confirmation Form. **Attach a copy of the approved Salary Funding Incentive Application when you submit this form.**

**Deadline: This form is due by May 1 of the academic year in which payment is sought.**

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## Applicant Information

Name: \_\_\_\_\_ UALR Job Title: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Applicant's annual salary for the current fiscal year, exclusive of any fringe benefits: \$ \_\_\_\_\_

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## Grant Information

List the following information separately for each qualifying grant earned.

Grant Title: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Banner Fund Number: \_\_\_\_\_ Amount of salary allocated to this applicant from this source: \$ \_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Grant Title: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Banner Fund Number: \_\_\_\_\_ Amount of salary allocated to this applicant from this source: \$ \_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Grant Title: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Banner Fund Number: \_\_\_\_\_ Amount of salary allocated to this applicant from this source: \$ \_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## Approval of Salary Funding Incentive Payment Confirmation Form

All signatures listed below are required in order for this application to be considered complete.

### Approvals

### Date

Employee: \_\_\_\_\_

Department Chair: \_\_\_\_\_

Dean: \_\_\_\_\_

ORSP: \_\_\_\_\_

Vice Provost for Research: \_\_\_\_\_

Human Resources: \_\_\_\_\_

Provost: \_\_\_\_\_