

UNIVERSITY OF MAINE
REQUEST FOR RETIREMENT CONTRIBUTION/DEDUCTION
FOR SUMMER SALARY

Name: _____

MaineStreet ID #: _____

Additional compensation for duties for the period of June 1 through August 31, 20____.

Amount	Account Number	Grant Name (if applicable)	Expected Date of Payments
\$			
\$			
\$			
\$			

I am to be paid additional compensation equal to or exceeding two-ninths (2/9) of my annual academic-year base salary for other than teaching or administrative duties between June 1 and August 31. I hereby request that the University include such compensation in the earnings on which my and the University's contributions to my retirement account are based, such contributions to be made at the same percentage rates which are applicable to my base salary.

I understand that to receive this contribution this form must be received by the Payroll Office, 120/124 Corbett Hall no later than the 10th of the month in which payment is to be received.

Signature

Date