Intent to Participate in the Incentive Program for Researchers (IPR)

This form needs to be initiated before the 20th of the month your effort is to be charged to your grant(s).
Retroactive requests cannot be processed.

Name: _____ **Department:** _____

GID #: _____ **Institutional Base** _____

Charge the following salary to my grant fund(s):

		Grant Indexes for IPR Participation (acct 61123P)					
		Index #	*Index %*	*Index #*	*Index %*	*Index #*	*Index %*
July Pay 8	$						
August Pay 9	$						
Sept Pay 10	$						
Oct Pay 11	$						
Nov Pay 12	$						
Dec Pay 1	$						
Total	$ 0.00						

		Indexes for IPR Payout (should total 100% and acct 61132R)					
		Index #	*Index %*	*Index #*	*Index %*	*Index #*	*Index %*
July Pay 8	$ 0.00						
August Pay 9	$ 0.00						
Sept Pay 10	$ 0.00						
Oct Pay 11	$ 0.00						
Nov Pay 12	$ 0.00						
Dec Pay 1	$ 0.00						
Total	$ 0.00						