

**USF Sarasota-Manatee
Office of Academic Affairs
Semester Payroll Distribution Agreement Form**

Instruction:

1. Complete the item below and acquire appropriate signatures
2. Place a copy in the college/school semester payroll book
3. Provide a copy to Jennifer Shideler for actual distribution

Date: _____

Semester: _____

Faculty Name: _____

Distribution Amount: _____

Course Name: _____

Course Prefix and Number: _____

Course Section: _____

Course Day and Time: _____

Chart Field String for payroll distribution: _____

USFSM Dean Printed Name: _____

USFSM Dean Signature: _____ Date _____

USFT, USFSP, USFP (circle one) Printed Name: _____

Signature Authorization: _____ Date _____