D.A.T.E. GRANT

09-10 MAY/JUNE STAFF CONSULTATION CONCERNING TENTATIVE OCTOBER AWARD AMOUNT

FOR _____ CAMPUS

NAME OF STAFF MEMBER: _____

CIRCLE ONE: PART I PART II

DATE OF CONSULTATION: _____

METHOD OF AWARD CALCULATION: See Attached

CIRCLE ONE: DOES DOES NOT MEET CRITERIA FOR AWARD

BOX A

I AGREE THAT I AM INELIGIBLE FOR THE AWARD PAYOUT.

_____ _____

STAFF MEMBER SIGNATURE DATE

BOX B

I DISAGREE THAT I AM INELIGIBLE FOR THE AWARD PAYOUT.

_____ _____

STAFF MEMBER SIGNATURE DATE

TENTATIVE AWARD AMOUNT : **$4,103.57** (less benefits)

BOX C

I AGREE WITH MY AWARD AMOUNT.

_____ _____

STAFF MEMBER SIGNATURE DATE

BOX D

I DISAGREE WITH MY AWARD AMOUNT.

_____ _____

STAFF MEMBER SIGNATURE DATE

_____ _____

PRINCIPAL SIGNATURE DATE

DATE RECEIVED BY PROJECT MANAGER _____

PROJECT MANAGER INITIAL _____