



Employee Compensation Special Payment

****PLEASE NOTE:** The hiring process must be completed with Human Resources prior to submitting this form to Payroll. This form must reach the Payroll department with all approval signatures on or before the 15th of that payroll month. Forms received after the 15th will be paid the following month. This form should not be submitted until the work has been performed. Hourly work will continue to be reported using Web Time Entry, not on this form.

Employee Name: _____ V#: _____

Department: _____

Details Of Request For Payment:

Description of work performed: _____

Date(s) of Service: _____

If paying by unit, please complete below:

Type of Unit (per student, per class, per exam, per day, etc): _____

Number of Units: _____ X Rate per Unit: \$ _____

OR

If Lump Sum, check here:

Total Amount to be Paid \$ _____

Labor Distribution: MUST BE COMPLETED CORRECTLY

FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	AMOUNT

Authorized Signatures:

Director/Chair: _____

Dean: _____

VP/President: _____

***Please route directly to the Payroll Department after obtaining all required signatures above.**

For Payroll Use Only

Human Resources Director: _____

Date: _____