

A. EMPLOYEE INFORMATION (ENTER THE PAYROLL INFORMATION FOR THE EMPLOYEE BEING PAID)			
EMPLOYEE NAME _____	TITLE _____	HOME SCH/CENTER _____	
HOME DEPT _____	DEPT ADDRESS _____	PAY CYCLE <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	

B. REASON FOR PAYMENT (TO BE COMPLETED BY DEPARTMENT PAYING FOR SERVICES)
PAYING DEPT NAME _____ PAYING SCH/CENTER _____
JUSTIFICATION (Please include a description of work performed.) _____

DATE COMPENSATION EARNED/ACCRUED: FROM _____ (MM/DD/YY) TO _____ (MM/DD/YY)	<b>Please attach additional documentation if needed.</b>
Weekly – Did actual hours worked exceed 40 in this pay period? Yes <input type="checkbox"/> No <input type="checkbox"/>	
For this payment to be processed for weekly paid employees, the attached additional pay form worksheet ( <a href="#">LINK</a> ) must be completed noting the dollar amounts and hours worked (ES1, ESH) associated with each pay period covered by this payment.	

C. PAYROLL TRANSACTION DATA/EARNINGS TYPE USED ON THIS FORM
ES1 Extra Services/Weekly Paid: Acting rates approved by the Division of Human Resources/Compensation. *** MUST COMPLETE WORKSHEET***
ESH Extra Services/Weekly paid: Pay for work performed outside the current job classification. Hours worked in the performance of this work must be specified for each pay period. **MUST COMPLETE WORKSHEET**
ES2 Extra Services/Monthly Paid: Extra pay for completion of services performed outside the current job classification. This work is typically not performed on a continuing basis.
SEV Contact the Division of Human Resources Staff and Labor Relations or the Office of General Counsel.
AWD Award/Prize: For academic and/or administrative excellence. To be used for faculty and students.
HON Honorarium: Payment primarily intended to confer distinction or symbolize respect, esteem or admiration for recipient.

D. APPROVALS (PAYMENT WILL NOT BE MADE WITHOUT THE APPROPRIATE APPROVALS)						
AUTHORIZED SIGNATURE	PRINTED NAME	EMAIL	DATE	AUTHORIZED SIGNATURE	PHONE EXT	DATE
Paying Dept. _____	_____	_____	_____	Provost (Faculty Only) _____	_____	_____
Home Dept. _____	_____	_____	_____	Division of Human Resources (Admin Staff Only) _____	_____	_____
Home Sch/Ctr _____	_____	_____	_____	Research Services (5xxxxx Funds Only) _____	_____	_____

EMPLOYEE ID	PAY END DATE (MM/DD/YY)	EARN TYPE	JOB CLASS CODE
_____	_____	_____	_____

AMOUNT DUE	CNAC(3)	ORG(4)	BC(1)	FUND(6)	OBG(4)	PROG(4)	CREF(4)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____