Payroll Authorization - Employee One Time Payment

Completed by Department

Instructions: Use form when a current **Administrator** or **Faculty** employee is paid for performing an additional task outside of normal duties. This form is not used for on-going assignments and is generally not used for a Staff or Student employee unless approved by the HR department.

FT/PT Administrator   FT/PT Faculty

Today's Date:_____   PIDM:_____

Last Name:_____   First Name:_____   MI:_____

Current Job Title:_____

Assignment Description:

Payment Schedule:

Total Authorized:_____   Date of Service: From:_____   To:_____
                                                                                             (mm/dd/yy)   (mm/dd/yy)

Budget Account #: _____- _____ - _____ - _____   Position Code**:**_____

Department**:**_____

Authorizing Signatures: **Authorizing Signatures**:

_____   _____   _____
Dept. Budget Manager/Dean - Signature   Dept. Budget Manager/Dean- Printed Name   Date

_____   _____   _____
Division Vice President/Provost - Signature   Division Vice President - Printed Name   Date

_____   _____   _____
Finance & Admin Services - Signature   Finance & Admin Services - Printed Name   Date

Send complete form with signatures directly to HR and Payroll