

SPECIAL PAYMENT AUTHORIZATION FORM

ALL COMPLETED FORMS MUST BE SENT TO HUMAN RESOURCES

Request for Special Payment	
Name _____ (Print)	Social Security No. _____
Address _____	
<input type="checkbox"/> Independent Contractor (Ctf of Ins) OR <input type="checkbox"/> New Employee <input type="checkbox"/> Current Employee Resume is <input type="checkbox"/> attached or <input type="checkbox"/> on file in Human Resources	

Services Provided	
Title & Description of Course/Event _____	
<input type="checkbox"/> Overload <input type="checkbox"/> Adjunct Teaching <input type="checkbox"/> Special Stipend (Indicate Below) <input type="checkbox"/> Evening <input type="checkbox"/> Other (Indicate Below)	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Interim <input type="checkbox"/> Summer	
Location _____	
Dates and Times _____ _____	
Additional Information _____	

Method of Payment	
<input type="checkbox"/> Faculty <input type="checkbox"/> Administration <input type="checkbox"/> Support Staff <input type="checkbox"/> Other (Contractor)	
Salary/Hourly Rate _____	
Payment will be disbursed in _____ full or _____ in equal installments over _____ months.	

Dean/Director Requesting Payment	
Name _____	Office _____ Department _____
Service Dates _____	Budget No/Proj No _____
Signature _____	Date _____

Approvals	
Divisional Vice President _____	Date _____
Human Resources _____	Date _____
Controller's Office _____	Date _____

Copies: Original - Independent Contractor goes to Controller Original - Employee goes to Payroll Copy - Human Resources Copy - Requester (Dean/Director)	Human Resources Use Only Number _____ Date Received _____
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