



ADDITIONAL PAY FORM

Employee Name: Employee ID number (not 927#):

Department Name: Department Id:

Additional Pay Amount:

Reason for Payment:
(ex: grant, stipend, etc.)

Effective Date: (MM-DD-YY)

Charge to:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fund	Department	Program	Class	Account	Proj/Grt

all requests must include a complete account number

Source of Funding:
please be specific as to where
funds are coming from
**Note: Form will not be
processed without this
information**

approval signature date

Grant's Office Signature (only required if charging to a grant) date

Dean's approval signature date

Vice President's approval signature date

Budget Office Signature date

**Routing: Dean's Office, Vice President's Office, Budget Office
Budget Office will forward the form to Payroll for processing after approval**