



PAYROLL EMPLOYEE COMPENSTION REQUEST

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Z Number: \_\_\_\_\_

Company: \_\_\_\_\_

Please write complete description for issuance of additional compensation for employee. Include class taught, seminar performed, activity, etc. and period in which it is to take place.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL**

List Payment Date(s) amount should be charged to. (If compensation is to be reflected in one check only, please show only that date.)

_____
_____
_____

**ACCOUNT TO BE CHARGED:**

FUND: \_\_\_\_\_ ORG: \_\_\_\_\_ Account: \_\_\_\_\_ Program: \_\_\_\_\_

.....

\_\_\_\_\_  
Chair or Org. Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_ Vice President or Executive V.P. or Provost

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget

\_\_\_\_\_  
Date