

OU Pay Form

Is this payment? In Addition to Online Data Override Online Data

Last Name: _____	First Name: _____	Employee ID: _____
Position ID: _____	Hourly Rate: _____	Pay Group: _____
Work Begin Dt: _____	Work End Dt: _____	Pay Period End Date: _____
Dept ID: _____	Dept Contact: _____	Contact Phone: _____

Additional Payment Types (code descriptions)	Amount	HR Combo Code	Grant* (Requires Initials Below)
Other (Explain Below):			

***Dean/VP Signature Required

Signature of Dean/Vice President

Date

Base Earning Payment Types	Hours	Amount	HR Combo Code	Grant* (Requires Initials Below)
Other (Explain Below):				

NOTE: All hourly employee payments require additional information (box below) and supporting documentation.

Explanation/Additional Information:

I hereby certify that I process the payroll for my department and that information supplied herein is true and correct. Where applicable, I have reviewed a timecard signed by the employee's supervisor.

Signature of Department Payroll Coordinator

I hereby certify, to the best of my knowledge, this employee or temporary worker is entitled to pay as indicated and all leave taken since the last payroll (if applicable) is included with this report. Furthermore, I certify that this supplemental pay (if applicable) is in accordance with the University Compensation Guidelines located [here](#).

Signature of Department Head

*Grants & Contracts Accounting Initials: _____

**HR Compensation Initials: _____