

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

Last Name: _____	First Name: _____	Employee ID: _____
Position ID: _____	Hourly Rate: _____	Pay Group: _____
Period Worked: _____	to _____	Pay Period End Date: _____
Dept ID: _____	Dept Contact: _____	Contact Phone: _____

Earnings Code (code descriptions)	Hours	Amount	HR Combo Code	Grant* (Requires Initials Below)

NOTE: All codes in this section require Dean/VP Approval below.

_____ Signature of Dean/Vice President _____ Date

Additional Payment Types (code descriptions)	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 time card 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 HSC Administration Policy, Special Payment Request, [Section 312](#).

_____ Signature of Department Head

*Grants & Contracts Accounting Initials: _____

**HR Compensation Initials: _____