

PAYROLL AUTHORIZATION

Reason: _____ Pay Group: _____

Employee ID: _____ Effective Date: _____ Begin Check Date: _____

Employment Type: _____ No. of Pays: _____ End Check Date: _____

Last Name: _____ First Name: _____

Middle Name: _____ Suffix: _____ Nickname: _____

Comments: _____

Citizenship: _____ VISA: _____ Expiration Date: _____

Position No.: _____ Job Title: _____

Department Name & No.: _____ Supervisor: _____

Area/Org: _____ Work Email: _____

Campus: _____ Building _____ Room No.: _____

Union: _____ Workers' Comp: _____ IPEDS: _____

Staff and Administrators

Hourly or Salary: _____ Per Pay Amt.: _____ Hours Per Pay: _____

Hourly Rate: _____ Pay Grade: _____ Auto Pay? _____

Annualized Salary: _____

Adjunct pay or 1x pays

Total Amount: _____ Per Pay Amt.: _____ Hours per Pay: _____

Hourly Rate: _____ EC: _____ Auto Pay: _____ Pay Grade: _____

Course No.: _____ Course Amt.: _____ FOPA: _____ EC: _____

Course No.: _____ Course Amt.: _____ FOPA: _____ EC: _____

Course No.: _____ Course Amt.: _____ FOPA: _____ EC: _____

FOPA: _____ Amt.: _____ FOPA: _____ Amt.: _____

FOPA: _____ Amt.: _____ FOPA: _____ Amt.: _____

Benefit Class: _____ PT ACA Eligible: _____ Effective Date: _____

LOA Reason: _____ % Reduction _____

Effective Date: _____ Return to Work Date: _____

FMLA/STD Code: _____ Hours: _____ FMLA/STD Code: _____ Hours: _____

FMLA/STD Code: _____ Hours: _____ FMLA/STD Code: _____ Hours: _____

Return to Work Date: _____

Term Date: _____ Term Reason: _____

VPO Hours: _____ Last Check Date: _____

Payroll: _____ Time & Labor: Accruals:

Authorized by: _____ Entered by: _____ Scanned by: _____