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: _____