

PAYROLL MISCELLANEOUS REQUEST FOR PAY



EMPLOYEE NAME

EMPLOYEE NUMBER

DATE WORKED	FUND (2)	FUNCTION (4)	OBJECT (4)	LOCATION (4)	SOURCE (1)	PROJECT (5)	PROJECT (3)	DESCRIPTION	*HOURS OR DAYS	HOURLY OR DAILY RATE	TOTAL TO BE PAID

EMPLOYEE SIGNATURE	BUILDING LEVEL APPROVAL	DAC APPROVAL
Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____

Send completed form to the Payroll Department to be processed.