

# REQUEST FOR ADDITIONAL PAYMENT

(for Faculty, Staff, and Student Employees on Payroll)

**To:** Human Resources/Payroll

**Date:** \_\_\_\_\_

**Name of person for whom payment is requested:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Budget Code:** \_\_\_\_\_

*Is this a federal grant code: Yes* \_\_\_\_\_ *No* \_\_\_\_\_

*NOTE: Use of a federal grant budget code will require the preparation of an Effort Reporting Form for each semester/summer. HR will scan this form to the Director of Finance & Budget & Sponsored Programs Officer.*

**Purpose or description:** \_\_\_\_\_

*Payment amount listed above will be included in the next regularly-scheduled payroll process unless payment is requested for a specific month listed below:*

\_\_\_\_\_

\_\_\_\_\_  
Requestor (print and sign)

\_\_\_\_\_  
Dean of the College  
(for Faculty requests only)

\_\_\_\_\_  
President

**HR Use Only:**

Emp. ID # \_\_\_\_\_

Date Entered & Initials \_\_\_\_\_

Pay Code \_\_\_\_\_

Credit G/L Acct. \_\_\_\_\_