

PAYROLL PAYMENT REQUEST FORM

HUMAN RESOURCES: PAYROLL



EMPLOYEE TO BE PAID: _____ EMPLOYEE ID# _____

Select one: Staff Faculty Student SM or BW Pay Cycle: _____

Total Hours Approved: _____ OR Total Amount Approved \$ _____

Pay Date: As Soon as Possible OR Future Date: _____

Reason for Payment: _____

DEPARTMENTAL FUNDING

GL Fund: _____ - _____ - _____ - _____ - _____ - _____

Amount: \$ _____ Campus Location: _____

SELECT THE APPROPRIATE OBJECT CODE

Faculty	<input type="checkbox"/>	51116	Curriculum Writing	<input type="checkbox"/>	51113	Extra Pay - Faculty
	<input type="checkbox"/>	51115	Overload - Faculty			
	<input type="checkbox"/>	Other: _____				
Adjunct	<input type="checkbox"/>	51115	Adjunct			
Staff	<input type="checkbox"/>	51133	Extra Pay - Staff			
	<input type="checkbox"/>	51135	Seasonal Employment - Staff			
	<input type="checkbox"/>	51136	Temp Help - Staff			
	<input type="checkbox"/>	Other: _____				
Student	<input type="checkbox"/>	51151	Student - Campus Employment			
	<input type="checkbox"/>	51152	Student - Work Study			
	<input type="checkbox"/>	51153	Student - Services			
	<input type="checkbox"/>	51155	Summer Staff - Students			
	<input type="checkbox"/>	Other: _____				

Prepared by (Print): _____ Date _____

Preparer's Signature: _____ Date _____

Supervisor Signature: _____ Date _____

VP Signature: _____ Date _____
(anything over \$250)

Send via campus mail to Human Resources Attn: Payroll or email to payroll@mvnu.edu for payment processing.

FOR PAYROLL USE ONLY			
PAY PERIOD DATES		TO	
DATE ENTERED		BY	