

SPECIAL PREMIUM PAYMENT FORM

| | |
|--|---------|
| A EMPLOYEE INFORMATION | |
| First Name & Initial(s) | Surname |
| Person ID | |
| Independent Contractor (ICQ) <input type="checkbox"/> Yes (If yes, ICQ# _____) <input type="checkbox"/> No | |

| | | | | | | | |
|---|---|------------------------|------------|----------------------|------------------|---------------|--------------|
| B PAYMENT REQUEST | | | | | | | |
| Description (attach supporting document) | | | | | | | |
| | | | | | | | |
| Type of Position | | Primary Position | | Position Code | | Earnings Code | |
| | | Secondary Position | | | | | |
| One Time Premium <input type="checkbox"/> | Biweekly Premium <input type="checkbox"/> | From Date (yyyy/mm/dd) | | To Date (yyyy/mm/dd) | | | |
| Total Amount (\$) | | Biweekly Amount (\$) | | Total No. of Hours | | | |
| Chartfield String | Fund | Account | Department | Program Code | PC Business Unit | Project | % Allocation |
| Chartfield String #1 | | | | | | | |
| Chartfield String #2 | | | | | | | |
| Chartfield String #3 | | | | | | | |

| | | | | | | | |
|---|---|------------------------|------------|----------------------|------------------|---------------|--------------|
| Type of Position | | Primary Position | | Position Code | | Earnings Code | |
| | | Secondary Position | | | | | |
| One Time Premium <input type="checkbox"/> | Biweekly Premium <input type="checkbox"/> | From Date (yyyy/mm/dd) | | To Date (yyyy/mm/dd) | | | |
| Total Amount (\$) | | Biweekly Amount (\$) | | Total No. of Hours | | | |
| Chartfield String | Fund | Account | Department | Program Code | PC Business Unit | Project | % Allocation |
| Chartfield String #1 | | | | | | | |
| Chartfield String #2 | | | | | | | |
| Chartfield String #3 | | | | | | | |

| | | | | |
|-------------------------------------|------|------|-----------|-------------------|
| C AUTHORIZATION | | | | |
| Department | Ext. | Name | Signature | Date (yyyy/mm/dd) |
| Research Office (University / FHS) | Ext. | Name | Signature | Date (yyyy/mm/dd) |
| Finance Office (University / FHS) | Ext. | Name | Signature | Date (yyyy/mm/dd) |

Obtain required signatures and forward to
Your Human Resources Services Area Office