



## EMPLOYEE PAYROLL REQUEST FORM

To pay for temporary, additional work performed such as honorariums, stipend payments, etc.

### Employee Information

Employee Name

Job Title

CU ID Number

Date

Description of Additional Job Duties

### Pay Information

Total Additional Pay Amount

Number of Payments

Amount per Payment

Start Date

End Date

Funding Source (FOAP)

### Approval

Supervisor Approval

Date

Finance Department Approval – Controller

Date

Additional Approval – Optional

Date

### Payroll (For office use only)

Payroll Authorization \_\_\_\_\_ Position # \_\_\_\_\_ Pay ID \_\_\_\_\_ Date Entered \_\_\_\_\_