



EMPLOYEE PAYROLL REQUEST FORM

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

Employee Information	
<u>Employee Name</u>	<u>Job Title</u>
<u>CU ID Number</u>	<u>Date</u>
<u>Description of Additional Job Duties</u>	

Pay Information	
<u>Total Additional Pay Amount</u>	
<u>Number of Payments</u>	<u>Amount per Payment</u>
<u>Start Date</u>	<u>End Date</u>
<u>Funding Source (FOAP)</u>	

Approval	
<u>Supervisor Approval</u>	<u>Date</u>
<u>Finance Department Approval – Controller</u>	<u>Date</u>
<u>Additional Approval – Optional</u>	<u>Date</u>

**Payroll (For office use only)**

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