



This form is for use in paying APU faculty and staff employees for services outside of their regular assignments. Please complete all fields or the form will be returned.

Name: _____ APU ID #: _____
Last First MI

Employee Type: Faculty Exempt Staff (Use option A below) Non-Exempt Staff (Use option B below) Adjunct Faculty

Employee's Regular Department: _____

Employee's Regular Title: _____

Extra Service Department Name: _____

Department Contact Person's Name (please print): _____ Extension: _____

Department Budget Account Number (13 digits required): _____ - 5 _____

Project Number, if applicable (6 digits): _____

DETAILED DESCRIPTION OF SERVICE: _____

COMPLETE OPTION A OR B BELOW:

A. TEMPORARY EXTRA SERVICE (EXEMPT - FIXED AMOUNT)—

Dates of service: From _____ to _____ Total payment amount: \$ _____

B. TEMPORARY EXTRA SERVICE (NON-EXEMPT - HOURLY RATE)— Total Hours Worked: _____ Rate Per Hour: _____

For extra service at hourly rate, please complete the timecard on the reverse. This form is for 2 weeks of service or less.

HR USE ONLY:

Total (including applicable overtime pay): \$ _____

Employees will receive pay on their regular bi-weekly or semi-monthly paycheck.

***Requests over \$1,000 also require the signature of the department's Dean, Vice Provost, or Vice President.**

Authorized Budget Signer (Print Name) _____ Signature _____ Date _____

*Vice President, Vice Provost, or Dean Signature (if over \$1,000) _____ Date _____

SUBMIT THIS COMPLETED FORM TO HUMAN RESOURCES FOR APPROVAL AND PROCESSING.

HR USE ONLY: Human Resources Representative (print name) _____

Approved: _____ Date: _____
Signature of HR Representative

Date to be paid: _____

BUSINESS OFFICE USE ONLY: Student 167 Adj Fac 183 Fac 235 Staff 237 Fac Over 261

Azusa Pacific University

Extra Service Payment Request – Staff Time Card

Day	Date	Arrival Time	Out	In	Out	In	Depart Time	Daily Total	PR/HR use only
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Week Total									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Week Total									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Week Total									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Week Total									
Sunday									
Card Total									
PR/HR use only									

Employee Signature _____	Date _____
Print Name _____	ID# _____
Supervisor Signature _____	Date _____

Please use black or blue (no red ink, no pencil, no white-out) to write all entries on this timecard.
Signatures verify that total hours are correct. The normal day uses the Arrival and Depart columns, with Out/In used for lunch breaks and the other Out/In as needed.