

SAMFORD UNIVERSITY

SUPPLEMENTAL OR PART-TIME PAY REQUEST FORM

FOR MONTHLY PAID EMPLOYEES ONLY

NOTE: Use this form to compensate for non-teaching activities

NAME _____ **SOCIAL SECURITY** _____

REASON FOR PAYMENT _____

BANNER

FOAPAL: New Index: _____ Fund: _____ Org.: _____ Acct.: _____ Prog.: _____

SALARY TO BE PAID AS FOLLOWS: **OLD ACCOUNT #:** _____

\$ _____ in _____ ; \$ _____ in _____

\$ _____ in _____ ; \$ _____ in _____

\$ _____ in _____ ; \$ _____ in _____

\$ _____ in _____ ; \$ _____ in _____

\$ _____ in _____ ; \$ _____ in _____

\$ _____ in _____ ; \$ _____ in _____

APPROVAL: (Please route in the following order)

DEPARTMENT HEAD _____ DATE _____

DEAN or VICE PRESIDENT _____ DATE _____

PROVOST (if applicable) _____ DATE _____

BUDGET OFFICE _____ DATE _____

HUMAN RESOURCES _____ DATE _____