



PAYROLL / PERSONNEL
ONE-TIME PAYROLL PAYMENT AUTHORIZATION
UPAY564-3(R6/97) R11xx

EMPLOYEE ID NO.	EMPLOYEE NAME	DEPARTMENT	CAMPUS	PROCESS IN
1 9				

1	2	6	10	CHART 19	ACCOUNT 20 26	SUB ACCOUNT 27 31	OBJECT 32 35	SUB OBJECT 36 38	PROJECT 39 48	E R C 81	T Y P 82	D U C 83	TITLE CODE 50 53	DESC SERV 54 56	BY AGREEMENT AMOUNT 57 63	PAY PERIOD END DATE 71 76	W S P 79
C	.	.	FT		.	.	.	.	.				.	.	.	MM DD YY	
C	.	.	FT		.	.	.	.	.				.	.	.	.
C	.	.	FT		.	.	.	.	.				.	.	.	.
C	.	.	FT		.	.	.	.	.				.	.	.	.
														TOTAL AMOUNT			

REASON:

PAYING CAMPUS AND ACCOUNT IF OTHER THAN HOME CAMPUS

DESCRIPTION OF SERVICE CODES
UNX - UNIVERSITY EXTENSION
CNS - CONSULTING
HON - HONORARIUM
ADL - ADDITIONAL COMPENSATION
BYA - BY AGREEMENT
BYL - BY AGREEMENT (LEAVE BENEFITS)
SPA - SPECIAL PERFORMANCE AWARD
ERA - EMPLOYEE RECOGNITION AWARD

I HEREBY CERTIFY THAT THE "BY AGREEMENT" AMOUNT INDICATED IS IN ORDER FOR PAYMENT.		DATE
APPROVED BY	PRINT NAME	DATE
PERSONNEL OFC.	PRINT NAME	DATE
ADDITIONAL AUTHORIZATION	PRINT NAME	DATE
Form Completed by:	Contact Number	