

ADJUNCT FACULTY PAYMENT FORM

(Applicable action MUST be checked; check all that apply)

Employee Name: _____
(Last, First, Middle Initial)

Social Security #: _____

Center/Dept/Program: _____ Location: _____

New Hire (attach New Hire Forms)
 Teaching Payment
 Non-Teaching Payment

PAYMENT INFORMATION

Payment Date: _____ Payment Amount: \$ _____

Effective Date: _____ Completion Date: _____

Payment For: _____
(COURSE NUMBER, TITLE, ETC. OR TYPE OF WORK COMPLETED)

ORGANIZATION

Account number should be coded accordingly:
1018 for teaching payments.
1050 for non-teaching payments.

Org _____ account _____

 Authorized Signature(s) Date Contact Person (Please Print) Ext. Date

HR USE ONLY:

Adjunct Position: _____ SUFFIX

HRIS ENTRY/PR AUDIT: