

SPECIAL PAYMENT FORM

(To be used for One-time Overloads, Ongoing Overloads, Temp-Exempt Payments, etc.)

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

Social Security #: _____

Center/Depart/Program (Employee's Regular Dept): _____ Mail Location: _____

Special Payment Requested by (Center/Dept): _____

PROPOSED ACTION

One-time Overload
 Ongoing Overload
 Cluster Overload
 Temp-Exempt

ONE-TIME PAYMENT

Teaching
 Non-teaching
 Full-time Date: _____
 (Use Payroll calendar pay dates)

Payment Amount: \$ _____ Dates/Times work performed: _____

Purpose of Payment (Course/Location if applicable): _____

ONGOING PAYMENT

Teaching
 Non-teaching
 Other (if changing an existing overload).

Biweekly amount: \$ _____
 Sprinkled _____ over _____ pays
 Starting: _____ to _____
 (Pay period begin date) (Pay period end date)

Purpose of Payment: _____

ORG DISTRIBUTION

_____ %	_____ %
Org _____	Account _____

Account number(s) should be coded accordingly:
1036 for temporary/seasonal payments.
1018 for teaching overloads.
1050 for non-teaching overloads.

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

HR USE ONLY:		HRIS ENTRY/PR AUDIT:
Human Resources Representative _____	Date _____	