

One-Time Earnings Payment Form

Today's Date: _____
CWID: _____
Name: _____
Department: _____
Position Number: _____
Earn Code: _____
Earnings Amount: _____
Requested Payment Date: _____
(last day of month)
Index to be charged: _____
Account to be charged: _____

Comments:

	<u>Signatures:</u>	<u>Print Name:</u>	<u>Date:</u>
Immediate Supervisor:	_____	_____	_____
Budget Center Mgr:	_____	_____	_____
Division Head:	_____	_____	_____
Human Resources: <i>(Admin/Staff authorization)</i>	_____	_____	_____
Grants Office:	_____	_____	_____

This Form must be received by the HRIS Office on or before the 15th of the month of the first scheduled payment.