

Additional Pay

Employee Name	Empl ID	Empl Rcd#
Business Unit	Department	

	1	2	3	4	5
Earnings Code <small>University Staff Faculty / Academic Staff / Ltd Appt Student</small>					
Beginning Effective Date					
Addl Seq #					
Ending Effective Date					
Rate Code					
Reason					
Earnings					
Hours					
Hourly Rate					
Goal Amount					
Goal Balance					
Sep Chk #					
Disable Direct Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OK to Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies to Pay Periods	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
Comments					

Name	Signature	Date (mm/dd/yyyy)

For Office Use Only	
Processed by _____	Date (mm/dd/yyyy) _____