

## Additional Pay Request Form

CURRENT PAY AREA | AY ▼

<b>Dist or Named</b>	<b>AY</b>	<b>X</b>	<b>xxx - org unit name</b>	<b>XXXXXXXXX</b>
Last Name	First Name	MI	Org Unit # and Name	Personnel #

Payment # 1	Start Date: <b>08 - 16 - 11</b>	End Date: <b>05 - 13 - 12</b>	<b>AY-Total amount divided by 10</b>	
Period Rate/Amount/Hours:	<b>350.00</b>	Total Amount Paid:	<b>3,500.00</b>	
Payment Type:	Distinguished, Named Univ, Named Prof Sal. Sup (1302) ▼			
Source of Funding	Cost Center: <b>1234567890</b>	Fund: <b>12345678</b>	Order: <b>1234567890</b>	

Payment # 2	Start Date: _____	End Date: _____		
Period Rate/Amount/Hours:	_____	Total Amount Paid:	_____	
Payment Type:	Payment Type ▼			
Source of Funding	Cost Center: _____	Fund: _____	Order: _____	

Payment # 3	Start Date: _____	End Date: _____		
Period Rate/Amount/Hours:	_____	Total Amount Paid:	_____	
Payment Type:	Payment Type ▼			
Source of Funding	Cost Center: _____	Fund: _____	Order: _____	

**Attach all required supporting documentation and secure all required approvals based on University Policy. For employee awards, include the name of the award in the comments section below.**  
**NOTE: Payments will be included with regular payroll.**

**COMMENTS:**

Business Office Contact (**name & phone #**): \_\_\_\_\_

<b>Approval Signatures:</b>	<b>APPROVED</b>
Dept Head: _____ Date: _____	President's Office Purdue University
Dean/Director: _____ Date: _____	
Business Office: _____ Date: _____	
PR Appt Coordinator: _____ Date: _____	
	For the President

**Please send completed form to the Payroll Appointment Service Center (PASC) / FREH.**