

Additional Pay Request Form

CURRENT PAY AREA | FY ▼

Dist or Named	FY	X	xxx - org unit name	XXXXXXXXX
Last Name	First Name	MI	Org Unit # and Name	Personnel #

Payment # 1	Start Date: 07 - 01 - 11	End Date: 06 - 30 - 12	FY-Total amount divided by 12	
Period Rate/Amount/Hours:	291.67	Total Amount Paid:	3,500.00	
Payment Type:	Distinguished, Named Univ, Named Prof Sal. Sup (1302) ▼			
Source of Funding	Cost Center: 1234567890	Fund: 12345678	Order: 1234567890	

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 #): _____

Approval Signatures:	APPROVED
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.