

## 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: 08 - 16 - 11      End Date: 05 - 13 - 12      AY-Total amount divided by 10

Period Rate/Amount/Hours:      350.00      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 #): \_\_\_\_\_

<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.**