

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.