Payroll Payment Request

Legal Name: ______________________________

Campus: ______________________________

ID#: ______________________________

Position: ______________________________

Description of Completed Work: ______________________________

DATE	TIME START	LUNCH START		LUNCH END		TIME END	TOTAL HOURS AND MINS WORKED

Total Hours:	**HRS** **MINS**
Pay Rate:	
Total Amount:	**$**

Fund	Type	Function	Object	Sub Obj	ORG	Year	PIC	Local Option
	E							
	E							

Employee Signature: ______________________________

Prepared by: ______________________________

Payment Approval: ______________________________

Print Name: ______________________________