

## Authorization Form for Recurring Payments or Additional Payments For Department Use

Personnel Number \_\_\_\_\_ Employee Name \_\_\_\_\_

Position Number \_\_\_\_\_ Cost Center/WBS Element \_\_\_\_\_

This is a RECURRING PAYMENT Wage Type (check only one) (IT0014)

- |  |   |
|--|---|
| <input type="checkbox"/> 1403 Division of Continuing Studies | <input type="checkbox"/> 0617 Retirement Allowance              |
| <input type="checkbox"/> 0616 Expense Allowance              | <input type="checkbox"/> 1412 Summer Instructional              |
| <input type="checkbox"/> 0615 Housing Allowance              | <input type="checkbox"/> 1413 Summer Research                   |
| <input type="checkbox"/> 1404 Overload                       | <input type="checkbox"/> 1410 Supplemental Compensation Stipend |
| <input type="checkbox"/> 1405 Phased Retiree Retirement      |   |

-- or --

This is a one-time ADDITIONAL PAYMENT Wage Type (check only one) (IT0015)

- |   |  |
|---|--|
| <input type="checkbox"/> 1401 Additional Compensation | <input type="checkbox"/> 0605 Honorarium                 |
| <input type="checkbox"/> 0614 Auto Allowance          | <input type="checkbox"/> 0609 Royalty to Employee        |
| <input type="checkbox"/> 0601 Awards                  | <input type="checkbox"/> 0314 Undergraduate Scholarships |
| <input type="checkbox"/> 0604 Consulting              | <input type="checkbox"/>                                 |

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Interval: (check only one) When entering in date use month/day/year (i.e., 11/13/2003).

One time payment Effective \_\_\_/\_\_\_/\_\_\_\_\_ Amount \$ \_\_\_\_\_

On-going: Begin \_\_\_/\_\_\_/\_\_\_\_\_ until End \_\_\_/\_\_\_/\_\_\_\_\_ Amount \$ \_\_\_\_\_

Quarterly 1<sup>st</sup> \$ \_\_\_\_\_ 2<sup>nd</sup> \$ \_\_\_\_\_ 3<sup>rd</sup> \$ \_\_\_\_\_ 4<sup>th</sup> \$ \_\_\_\_\_

Begin \_\_\_/\_\_\_/\_\_\_\_\_ until End \_\_\_/\_\_\_/\_\_\_\_\_

Other: (i.e. Annually/Biannually) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Begin \_\_\_/\_\_\_/\_\_\_\_\_ until End \_\_\_/\_\_\_/\_\_\_\_\_

Approval Signatures / Dates:

\_\_\_\_\_

\_\_\_\_\_