

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"/> 0615 Housing Allowance | <input type="checkbox"/> 0617 Retirement Allowance |
| <input type="checkbox"/> 1424 Additional Wages | <input type="checkbox"/> 1412 Summer Instructional |
| | <input type="checkbox"/> 1413 Summer Research |

-- or --

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

- | | |
|---|---|
| <input type="checkbox"/> 1401 Additional Compensation | <input type="checkbox"/> 0609 Royalty to Employee |
| <input type="checkbox"/> 0614 Auto Allowance | |
| <input type="checkbox"/> 0601 Awards | |
| <input type="checkbox"/> 0623 Relocation Expenses | |

Funding Source(s): _____

Rationale: _____

Interval: (check only one) When entering in date use month/day/year (i.e., 11/22/21)

☐ One time payment Effective ____ / ____ / ____ Amount \$ _____

☐ On-going: Begin ____ / ____ / ____ until End ____ / ____ / ____ Amount \$ _____

☐ Quarterly 1st \$ _____ 2nd \$ _____ 3rd \$ _____ 4th \$ _____

Begin ____ / ____ / ____ until End ____ / ____ / ____ Amount \$ _____

☐ Other: (i.e. Annually/Biannually) _____

Begin ____ / ____ / ____ until End ____ / ____ / ____

Form Completed by _____ Area _____ Date: _____

Approval Signatures/Dates: (At least two approvers required and cannot be the person completing form. Attached email authorization is acceptable)
