

## PART-TIME PAYROLL AUTHORIZATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number or K Number: \_\_\_\_\_ Department: \_\_\_\_\_

### Teaching Assignment

<b>1.</b>				
	Course Number	Course Title	Budget Code	
	Start Date	End Date	Total Hours*	Rate
<b>2.</b>				
	Course Number	Course Title	Budget Code	
	Start Date	End Date	Total Hours*	Rate

### Special Assignments

	Budget Code
Assignment	
Start Date	End Date
Total Hours*	Rate
Total Amount	

\*Use CR for Credit hour and CO for Contact hour

Total payment for all assignments: \$ \_\_\_\_\_ Salary will be paid in \_\_\_\_\_ installments

Total amount to be paid on the following schedule

AMOUNT	DATE	AMOUNT	DATE

Initiator	Date
Director/Supervisor	Date
Human Resources	Date