

**Authorization for Payment of Salary or Additional Compensation**

Name of Employee \_\_\_\_\_

Department \_\_\_\_\_

Description of Service \_\_\_\_\_

Date(s) of Service \_\_\_\_\_

\$ _____	_____	_____
Amount	Account Code	Project

Projected Date(s) for Payment \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit form to Human Resources to initiate payment. The deadline for monthly employee's additional comp is the fifteenth of each month for payment in the next cycle.**