

Additional/Recurring Payments

This form is required to provide detailed information regarding Additional or Recurring Payments for employees. It is to be completed by the department where the work was performed, and forwarded to the employee's home department for SAP entry.

Employee Name: BUID:

Circle one: Exempt Non-exempt

Date/Period of Work:

Supervisor:

Detailed Description of Work:

Show Pay Calculation:

*If payment is not coming from the employee's regular sources, please specify new information below.

Start Date	Wage Type	Amount	Cost Center/Order#/WBS	End Date

Work Department Signature: _____ Date: _____

Approver Contact Name: _____

Approver Contact Email: _____ Phone Number: _____