



Special Payment

PERSONAL INFORMATION

Full Name: _____

Address: _____

Phone Number: _____

SIN: _____ Date of Birth (M/D/Y): ___/___/___

EMPLOYMENT INFORMATION

Department: _____ Account to be Charged (14 Digit):
(ie. xx-x-xxxxxx-xxxxx)

Rate of Pay: _____ **(Must be Filled out)**

Pay Advice to be:

Delivered on Campus to _____ Mailed

PAYMENT INFORMATION

Date	Description of Work	Total Hours

Requested by: _____ Date: _____

Authorization: _____ Date: _____
Department Head

Please note:
 Payment is only on regularly scheduled Bi-weekly Paydays
 Direct Deposit is Mandatory