

EMPLOYEE PAYMENT ORDER

Use only when total appointment is less than one month or 150 hours** or for add pay for current faculty, staff, & student workers.*

NAME: _____
LAST
FIRST
MIDDLE

SEU ID # (REQUIRED) _____

For H.R. USE ONLY: W-4 _____ I-9 _____

CHECK ONE: OTHER (THEATRE/WEEKLY/NONE)** FACULTY/STAFF PAYROLL* STUDENT PAYROLL*

COMPLETE THIS SECTION FOR: 1) FIRST-TIME APPOINTMENTS ONLY; OR 2) IF INFORMATION HAS CHANGED.

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ HOME PHONE (____) _____ / ____ / ____ BIRTH DATE _____

SSN: _____ GENDER: MALE / FEMALE MARITAL STATUS: SINGLE / MARRIED VETERAN: YES / NO

RACE/ETHNICITY: WHITE HISPANIC/LATINO AFRICAN AMERICAN ASIAN AMERICAN/PACIFIC ISLANDER NATIVE AMERICAN

CURRENT W-4 AND I-9 **MUST** BE ON FILE IN HUMAN RESOURCES WITHIN 3 DAYS OF EMPLOYMENT DATE.

____ / ____ / ____ ____ / ____ / ____
 EMPLOYMENT DATE TERMINATION DATE

____ Building ____ Room # ____ Work Telephone #

JOB TITLE (REQUIRED)		DEPARTMENT (REQUIRED)			
DATE(S) OF SERVICE	TYPE OF SERVICE	ACCT. NUMBER	# OF HRS. WORKED @ \$ _____ PER HOUR		LUMP SUM PAYMENT
			Hours	Rate	
			Hours	Rate	

____ : ____ CALL FOR CHECK PICK-UP OR ____ MAIL TO ADDRESS BELOW TOTAL DUE: \$ _____

COMMENTS:

____ (EXT. _____) _____ DATE _____ COST CENTER MANAGER _____ DATE _____

FOR NEW APPOINTMENTS, MY SIGNATURE AUTHORIZES A WAIVER OF THE STANDARD RECRUITING PRACTICE BECAUSE OF THE EXTREMELY PART-TIME AND/OR TEMPORARY NATURE OF THIS APPOINTMENT.

____ ADMINISTRATIVE OFFICER _____ DATE _____

*PAID AS USUAL ON NEXT REGULARLY SCHEDULED PAY DAY.
 **PAYMENT TO BE DETERMINED BY THE PAYROLL OFFICE.
 (THE ABOVE AMOUNT IS SUBJECT TO ALL APPLICABLE PAYROLL TAXES. IF YOU FEEL YOU ARE EXEMPT FROM TAXES, I.E., STUDENT OR RELIGIOUS, PLEASE SEE THE PAYROLL OFFICE FOR EXEMPTION FORMS.)