

PAYROLL INPUT REQUEST

Pay Date: _____

FROM:
 Time & Leave Employee Name: _____
 School or Department: _____
 Approved by: _____

Request Pay Input For:
 Employee Name: _____
 Employee ID: _____
 (ID number is required for input)

Pay Event Date	Event Type	Amount	Fund and Detail Accounting					Override Rate	Approved
			FUND	DEPT	UNIT	OBJECT	ACTIVITY		

I certify that the pay requested has been approved by the budget holder or the employee delegated for
 Appropriate documentation is available for review and or audit at this department or school.

Payroll Use Only	Employee Signature: _____	Date Input: ____ / ____ / ____
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