

SPECIAL PREMIUM PAYMENT FORM

A EMPLOYEE INFORMATION	
First Name & Initial(s)	Surname
Person ID	
Independent Contractor (ICQ) <input type="checkbox"/> Yes (If yes, ICQ# _____) <input type="checkbox"/> No	

B PAYMENT REQUEST							
Description (attach supporting document)							
Type of Position		Primary Position		Position Code		Earnings Code	
		Secondary Position					
One Time Premium <input type="checkbox"/>	Biweekly Premium <input type="checkbox"/>	From Date (yyyy/mm/dd)		To Date (yyyy/mm/dd)			
Total Amount (\$)		Biweekly Amount (\$)		Total No. of Hours			
Chartfield String	Fund	Account	Department	Program Code	PC Business Unit	Project	% Allocation
Chartfield String #1							
Chartfield String #2							
Chartfield String #3							

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		Secondary Position					
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Chartfield String #1							
Chartfield String #2							
Chartfield String #3							

C AUTHORIZATION				
Department	Ext.	Name	Signature	Date (yyyy/mm/dd)
Research Office (University / FHS)	Ext.	Name	Signature	Date (yyyy/mm/dd)
Finance Office (University / FHS)	Ext.	Name	Signature	Date (yyyy/mm/dd)

Obtain required signatures and forward to:
 Your Human Resources Services Area Office
 OR Grad Studies Payroll Office: Gilmour Hall Room 212