



**Faculty Special Payment Form  
(Full-time and Part-time)**

Transaction #	
Position #	
Effective Date:	
Personnel Date:	
End Date:	
Earn Code:	
Total Pay:	
# of Payments:	

DATE:

Name	
ID #	
Job Title	
Employee Class (ECLS)	

Position#/Fund	
SubAccount	
Time Unit	

<b>COMMENTS</b>	(type of work and dates of work)

**SIGNATURES**

Chairperson		Date:
Dean		Date:
Program Director or Principal Investigator		Date:

**SIGNATURES**

(Only required if transaction is not submitted electronically)

Vice President/Designee		Date:
Budget Office		Date:
Grant/Contract Administration		Date:

**SIGNED ORIGINAL TO ACADEMIC AFFAIRS**  
**COPIES: File; Department/Dean; Budget**

<b>ACADEMIC AFFAIRS USE ONLY:</b>
Approved By: _____
Date: _____