



## EMPLOYEE PAYROLL REQUEST

DATE SUBMITTED:

NAME:			
ADDRESS:			
CITY, STATE ZIP:			


BUDGET ACCOUNT # (X-XXXXXX-XXXX)	DESCRIPTION & BUSINESS PURPOSE	QTY	COST PER ITEM	COST (QTY x COST PER ITEM)
Fill in Fund prefix (1,2,or 3) and department code				
- -50120				
- -50120				
- -50120				
- -50120				
- -50120				
	TOTAL			

APPROVAL SIGNATURES (#1 and 2 are required, others as applicable)

1. \_\_\_\_\_  
Requestor

6. \_\_\_\_\_  
Controller (\$2500 and over)

2. \_\_\_\_\_  
Department manager/chair or next level manager

4. \_\_\_\_\_  
Athletics Compliance Officer (if applicable)

7. \_\_\_\_\_  
VP for Business Affairs (\$10,000 and over)

3. \_\_\_\_\_  
Provost (for Academic Depts. only)

5. \_\_\_\_\_  
Grants Administration Manager (for grants)

8. \_\_\_\_\_  
President (\$25,000 and over)