



Approval to pay special time specific payments

Date: _____

Department Name _____

Campus Address: _____

Authorized By: _____ Authorized Signature: _____
(Please Print Name)

Departmental Time Keeper _____ TKA # _____

Authorization is given to the payroll department to pay the following assignment:

Employee name _____ Z# _____

Position # _____ Suffix # _____

End date of assignment/project _____ Payment Amount \$ _____

Comments: _____

*Payroll will process payment provided the following conditions are met:

- Forms must be filled out completely. Incomplete forms will be returned to the campus address on this form.
- Forms may be submitted to payroll upon completion of the assignment/project. Early forms will be returned.
- Assignment must be encumbered in NBPENCM.