

Payment requires approval from employee's Vice-President. Submit this form to the Office of the Controller/Treasurer, Payroll Office (329 McArthur Hall), Mail Stop 9602.

Employee Information:
MSU Identification #: _____
Name: _____ (First, Middle, Last)

Department Information:
Department Name: _____
Org. Number: _____
Prepared by: _____
Phone: _____

Amount of Payment \$ _____
Rate of Pay \$ _____

Justification for Adjustment Check:

You must attach the original Employment Action Form, Request for Other University Employment, or Summer Appointment, if not already submitted. If the original has been submitted, you must attach a copy of the appropriate paperwork.

Position Number	Earn Code	Account Name	Fund	Org	Account	Program	Activity	Amount of Payment	%

Signature/Date: _____ Department Head
 Signature/Date: _____ Dean/Director
 Signature/Date: _____ Vice-President