

This form should only be used for additional compensation owed to an employee for work performed prior to terminating from the University, but was not paid to the employee on their last paycheck. Submit this form to the Office of the Controller/Treasurer, Budget Office (335 McArthur), Mail Stop 9602 or fax to 325-0383.

**Employee Information:**

**MSU Identification #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ (First, Middle, Last)

**Position Title:** \_\_\_\_\_

**Home Org. Name:** \_\_\_\_\_

**Regular Rate of Pay:** \_\_\_\_\_

**Department Information:**

**Department Name:** \_\_\_\_\_

**Time Sheet Org. Number:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Termination Date:** \_\_\_\_\_

**Work performed from:** \_\_\_\_\_ to \_\_\_\_\_

**Amount of Payment:** \$ \_\_\_\_\_

**Justification for not paying on last paycheck:**

Position Number	Regular Rate	Account Name	Fund	Org	Account	Program	Activity	Amount of Payment	%

Signature/Date: \_\_\_\_\_ Department Head