

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