

## **Department of Mathematics**

## PAY ROLL REQUEST FORM

			Initials of who took request:	
Employee Name:	<u>PeopleSoft</u>	ID:	Supervisor Name:	
Employee E-Mail Address:				
Cost Center (s):				
Split funded: Yes or No If yes, provide percentage dist		center.		
Start Date:	Please check one:	Monthly	or Hourly:	
End Date:	Hours/Week:	Compensation Rate:		
which they work or if enrolled	ake 9 hours in the Fall/ l and do not take the re	Spring semesters. I	Assistant must be paid hourly.  Students not enrolled in the summer sessions in coursework, their taxes will increase, they will rently on grants. They will be Non-Benefits Staff.	
Research Topic (or NA):				
Course Load: (hours enrolled)	Fall: Spring:		Summer: I II IV	
Additional Notes:				
Supervisor Signature:			Date:	
Cost Center Mgr. Signature: Print Name:			For Office Use only Below	
Date:				
No Financial Stop Date:		V Net Check Cost Center:		
Position #:	Title:	E Par#:	PRF#	
TERM/Hire email out date:		Entered in logs binder date:		