**ONE TIME PAYMENT FORM**

***FOR CURRENT EMPLOYEE (ALREADY ON PAYROLL)***

***All fields are required to be completed to initiate this transaction.*** *If this one-time payment is related to grants, please contact Accounting Office to ensure this is the appropriate form. This form is not to be used for independent contractors. HR should be consulted to determine if qualified as independent contractor. Note, Administrators are generally not permitted to receive additional payments for work performed that is not typically part of their regular duties. Please consult with HR if uncertain about application of this policy.*

DATE COMPLETED

EMPLOYEE/PAYEE ID #

EMPLOYEE/PAYEE NAME

CLASSIFICATION  FACULTY  STAFF  OTHER

DEPARTMENT

PERSON POSITION

LOCATION WHERE WORK PERFORMED  \*

PAYMENT AMOUNT $

PAYMENT MONTH REQUESTED  (Month and Year) \*\*

REASON FOR PAYMENT

PERSON REQUESTING  EMAIL ADDRESS

1 GENERAL LEDGER NUMBER  PERCENT OF TOTAL **%**

2 GENERAL LEDGER NUMBER  PERCENT OF TOTAL **%**

\*Work performed in states other than Oregon require advance authorization from accounting and HR.

\*\*Pay day is on the last working day of each month. PAF must be received by 15th of the month, payment will be processed in that month’s payroll.

**Approval Signatures**

Requester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

VP/Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

Human Resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

Controller/Finance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

***Requester must obtain VP/DEAN signature. After signed by both, forward to HR for further approvals.***