Payment Autorization Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Confidential |  | | | | | | | | | |
| Employee name: |  | | | | | Employee’s ID# | | | |  |
|  | | | | | | | | | | |
|  |  | | | | |  | | | |  |
| Department: |  | | | | | Date employed: | | | |  |
|  | | | | | | | | | | |
|  | **Current information** | | |  | **Proposed new** | | | | | |
| Base salary: |  | | |  |  | | | | | |
|  |  | | |  |  | | | | | |
| Job title: |  | | |  |  | | | | | |
|  |  | | |  |  | | | | | |
|  | | | | | | | | | | |
| **Circumstances/Comment regarding recommendation:** | | | | | | | | | | |
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| Recommended by: | |  | Date: | | | |  | | | |
|  | | | | | | | | | | |
| Approval: | |  | Date: | | | |  | | | |
|  | | | | | | | | | | |
| Human Resources: | |  | Date: | | | |  | | | |
|  | |  |  | | | |  | | | |
|  | |  | Check if announceable: | | | | |  |  | |