

# ADDITIONAL PAYMENTS (AP)

(one sheet per person)



NOTE: This AP will not be processed without a description and appropriate signatures.

Return this form to Human Resources - Operations at MS 3150

Year		
PAY ID	PAY #	
Employee ID#	First Name	Last Name

Position #1		Earn Code	
Hours	Pay Rate	Amount	Index

Position #2		Earn Code	
Hours	Pay Rate	Amount	Index

Budget Transfer #	Amount \$
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**Description: Please provide full description, reason(s) for additional payment**

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Authorized By

Print Name	Signature	Date	Approver Type
			Supervisor or Chair
			Director or Dean
			Division Executive
			Grant Accounting (if applicable)