REED COLLEGE
SPECIAL PAYROLL AUTHORIZATION

Employee Name: _____

Services performed: _____

Department/Program Name: _____

Date(s) Services Performed: _____

Total Amount to be Paid: _____

Orgn/Acct Number to be charged: _____

Terms of Payment (complete A or B):
A) Payment in full on semi-monthly pay date of _____

B) Pro-rate payment over _____ semi-monthly pay periods.

   First payment on semi-monthly pay date of _____.

   Final payment on semi-monthly pay date of _____.

Other Terms:
Pay as separate check?   Yes _____   No _____

Does payment qualify for retirement?   Yes _____   No _____

Department Approval: _____ Date: _____
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Payroll Use Only:

Reed ID number: _____   Banner Earn Code: _____

First Pay Date: _____   First Pay Amount: _____

Second Pay Date: _____   Second Pay Amount_____

Third Pay Date: _____   Third Pay Amount: _____

Fourth Pay Date: _____   Fourth Pay Amount: _____

Fifth Pay Date: _____   Fifth Pay Amount: _____

Sixth Pay Date: _____   Sixth Pay Amount: _____

Payroll Approval: _____ Date: _____