

PAYMENT REQUEST

DATE OF REQUEST: _____ REQUESTOR'S NAME: _____

SECTION A - PAYEE PERSONNEL INFORMATION. *May be completed by person to be paid*

NAME (Last, First, Middle) _____ UNCG ID# _____
(leave BLANK if NON-UNCG employee/student)

EMAIL ADDRESS _____ TAX ID # (SSN) _____
(enter ONLY if NON-UNCG employee/student)

PERMANENT ADDRESS _____ CITY, STATE ZIP _____

DATE OF BIRTH _____

PHONE _____

SELECT ONE:

US Citizen or Res. Alien Non-Res. Alien

UNCG AFFILIATION (CURRENT STATUS AT UNCG)

EPA FACULTY EPA NON-FACULTY SPA STAFF IND. CONTRACTOR/VENDOR NONE

GRADUATE STUDENT Enroll Sem/Yr: _____ Expected Graduate Sem/Yr: _____

UNDERGRAD. STUDENT Enroll Sem/Yr: _____ Expected Graduate Sem/Yr: _____

OTHER: _____

COMPLETE ONLY IF NON-UNCG EMPLOYEE/STUDENT

Have you worked at UNCG within the last 12 months?

Have you lived/worked outside the U.S. in the last 7 years?

STATE EMPLOYEE? _____

NAME OF STATE AGENCY _____

SECTION B – SALARY INFORMATION. *To be completed by person making this request.*

SALARY METHOD: FLAT-PAY HOURLY SALARY AMOUNT \$ _____

IF FLAT-PAY, PLEASE ESTIMATE HOW MANY HOURS/WK: _____

DATE POSITION TO BEGIN _____ DATE POSITION TO END _____

FUND NUMBER _____ FUND NAME _____

(If unsure of specific funding number/name, please describe to the best of your ability. Otherwise, request cannot be processed.)

ADMIN USE ONLY MAY: _____ JUNE: _____ JULY: _____ AUGUST: _____

SECTION C – POSITION INFORMATION. *To be completed by person making this request.*

POSITION TITLE : _____

POSITION DESCRIPTION: _____

WILL DUTIES REQUIRE _____

CONTACT WITH MINORS? _____

NAME OF _____

POSITIONSUPERVISOR _____

ADDITIONAL NOTES:

Any information that may further clarify this payroll request.
