

# SAMFORD UNIVERSITY

## Human Resources Department

### Pay Request Form for Student Employees

**NOTE:** Use this form to make a one-time payment to a student.

**NAME** \_\_\_\_\_ **SU ID** \_\_\_\_\_

**REASON FOR PAYMENT** \_\_\_\_\_

**BANNER FOAPAL:** This will be used unless student employee has uncommitted federal work study funds.

Index: \_\_\_\_\_ Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Acct: 612000 Prog: \_\_\_\_\_

**HOURLY RATE \$** \_\_\_\_\_ **LIST EXACT HOURS BELOW. (Attach additional pages as needed)**

DATE	TIMES WORKED (Begin and end times)	DAILY TOTAL
<b>Student Employee Signature:</b> _____ <b>Total Hours Worked:</b>		

*Federal law requires that an I-9 and tax forms be completed before a student employee may begin work unless these documents are already on file in Human Resources.*

**Supervisor Approval:**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Send completed form to the Payroll Office approximately two weeks before pay date to allow time for processing.***

For Payroll Use Only:

Payroll forms \_\_\_\_\_ Payroll ID \_\_\_\_\_

Position \_\_\_\_\_ Processed by \_\_\_\_\_