



Special Payroll Notice

Once this document has been completed, printed and if desired saved; click on the **RED** Clear Form button to reset to a blank form.

Last Name First Name SSN (Last Four Digits Only)

Position *List the override assignment*

Acting Position Title of Acting Position Department

Additional Job Title of Additional Job Department

Special Project Nature of Project Department

Use **Acting Position** for employees "Working out of Class" or "Working Supervisor". Use **Additional Job** for employees taking on an extra assignment. Use **Special Project** for stipends or fixed payments for specific projects.

Duration *List the beginning and ending dates for the assignment.*

Start Date Stop Date

The duration of the assignment must be within the fiscal year, July 1 to June 30.
If the payments are to continue beyond June 30, then this form must be completed again.

Payment Schedule *List the manner in which the override is to be paid* **Base Period**

Salary Override Amount of Override for Base Period Checked Year Semester Month
 Semi Monthly Week Hour

Fixed Payment

Amount of Payment 1	Amount of Payment 2	Amount of Payment 3	Amount of Payment 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Payment 1	Date of Payment 2	Date of Payment 3	Date of Payment 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check **Salary Override** if the salary is to be increased by a certain amount for the duration of the assignment.
Check **Fixed Payment** if the payment is a fixed dollar amount of a particular task. Specify the payment schedule.

Budget Charge *List the total or estimated amount to be paid and the FRS account to be charged*

Total Amount to be Charged General Ledger # & Object Code

Comments: *Describe the reason for the special payment(s).*

Department Head	College/Division	Campus Provost	CFO & COO
Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>	CFO
<input type="text"/>	<input type="text"/>	<input type="text"/>	COO
Date <input type="text"/>	Date <input type="text"/>	Date <input type="text"/>	Date <input type="text"/>