

Actions: Stipends, One-time payments, Moving/Relocation Payments, Auto Allowance (SMG)

Employee/Department Information

Department Name: _____ Dept Code _____

Employee Name: _____

Employee ID _____

Representation Code _____

FOR STIPENDS PLEASE PROVIDE EMPLOYEE SALARY INFORMATION

Effective Date: _____

End Date _____

Monthly Salary _____ Stipend % _____

use monthly salary calculation for biweekly employees

Monthly Stipend Amount _____

Request the following One-Time Payments: Settlement Payments, Severance Payments, Rention Bonus Payments, Phased Retirement Payment, Moving/Relocation Payment, Auto Allowance (SMG only)

Earn Code _____

Amount: _____

Additional Instructions

If CoA Chartstring is different than current, please enter information belo

Entity/Fin Unit/Fund/Project/Task: _____

Percent: _____

Entity/Fin Unit/Fund/Project/Task: _____

Percent: _____

Entity/Fin Unit/Fund/Project/Task: _____

Percent: _____

PLEASE ATTACH SUPPORTING APPROVAL DOCUMENTATION FOR ALL ACTIONS

Submitted by: _____

Contact Number: _____