

FOR PAYROLL USE ONLY	
FICA CODE _____	REC # _____
PYGR _____	
SAL PLAN _____	COUNTRY _____

****Please complete all applicable sections in their entirety****

Submit this form to your HR Department

Note: Unless Claiming Tax Exempt - All Payments Will be Taxed at the Federal Supplemental Percentage.

Employee Name:

Employee ID: Emp. Rec. #: Dept. ID:

Estimated Hours to Complete: Combo Code:

Amount of Compensation: (not to exceed \$500)

Dates Work Performed: thru (not to exceed 14 days or 40 hours per week)

- Extra Compensation (Has a position at USF, non-Temp, Approved Request for extra comp must accompany this form.)
- New Hire (Right Start Documents Completed)
- Current, Temporary, or Previous Employment at USF
- Student – include U#

(Faculty needs Dean's Signature)

Please provide description of responsibilities and work performed:

I certify that this individual is an employee of this department and has earned the amount requested and has performed the duties and responsibilities stated above.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prepared By	Date	Extension	Printed Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized/Approved By	Date	Extension	Printed Name

HR Authorized Signature

FOR PAYROLL USE: PAYMENTS TO FOREIGN NATIONALS	
FICA TAX TREATMENT: <input type="checkbox"/> FICA SUBJECT	OR <input type="checkbox"/> FICA EXEMPT
_____ NRA TAX COORDINATOR AUTHORIZED SIGNATURE	_____ DATE SIGNED