



Grants Special Pay Form

Employee Information

Employee Name	Emply ID #	Record#	Home Dept #

Justification for Payment

Date(s): To:

Description of work completed during period:

Payment Type (Check One)

Missed or INT Pay

Start Date:	End Date:	# Hours Worked:	Hourly Rate:	Total Hourly Pay Due:
or Total Lump Sum Pay Due:				

Other Lump Sum Pay - Grant Participation

Start Date:	End Date:	Total Pay Due:

Allocation of Pay

Account	Fund	Dept	Class	Program	Project

Authorization

Principal Investigator

College/Division Post Award Contact