



Grants Special Pay Form

Employee Information

Employee Name	Empty ID #	Record#	Home Dept #

Justification for Payment

Date(s): To:

Description of work completed during period:

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Payment Type (Check One)

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Missed or INT Pay

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

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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