

Routing
1. Employing department including employee's signature
2. Area head approval
3. Vice President for Administration and Treasurer

WASHBURN UNIVERSITY
PAYROLL CLAIM VOUCHER FOR SUPPLEMENTAL EMPLOYMENT

This payroll form is to be used only for supplemental pay for individuals currently employed by Washburn University.

Employees exempt from wage and hour laws may receive supplemental pay on an occasional basis only when such employment does not conflict with their basic employment as outlined in the Board of Regents Policy. The employment must be approved in advance by the Department Head and confirmed by the Vice President for Administration and Treasurer.

(Please type or print legibly)

Name of Employee Washburn ID No. Date
 (As it appears on Social Security Card)

Employing Department

Description of Service Performed

Date of Employment Started Date Employment Ended

Total Amount of Compensation

For **Administrative** Charge To: Fund Organization Account 602000 Program Activity

For **Faculty** Charge To: Fund Organization Account 601001 Program Activity

For **Adjunct Faculty** Charge To: Fund Organization Account 601101 Program Activity

The above services were contracted for and approved.

Signature, Department Head

Signature of Appropriate Dean

Signature, Area Head

I do solemnly swear that the above is just, correct, and remains unpaid, and the amount claimed therein is actually due according to law and request payment for services.

Date Employee Signature _____
 Signed for Claim

The above services were received and payment is approved to be charged against the FOAPAL listed above which has sufficient unencumbered appropriations

 Signature of Department Head Date

Approved: _____
 Signature of Vice President for Administration and Treasurer Date