

For more information go to: [CFA-Academic Affairs Agreement](#)

Payment form is to completed upon commencement of the work

TO BE COMPLETED BY HIRING DEPARTMENT					
Form Completed By :			Phone Number :		
Employee Name:		Empl ID:		Empl Rec #:	
Department Name:				Department #:	
Appointment					
Summer Work				<i>Daily Rate provided by Faculty Affairs</i>	
May		Number of days worked in this month	May Daily Rate		
June		Number of days worked in this month	June Daily Rate		
July		Number of days worked in this month	July Daily Rate		
August		Number of days worked in this month	August Daily Rate		
		Total Days Worked in Summer			
Winter Work				<i>Daily Rate provided by Faculty Affairs</i>	
January		Number of days worked in this month	January Daily Rate		
		Total Days Worked in Winter			
DISTRIBUTION OF LABOR COST – Complete if using account other than department operating funds					
Account	Fund	Finance Dept.	Project/Grant	Amount to be Paid	% of distribution
601100					
601100					
Program / Class / Comments:					

TO BE COMPLETED BY EMPLOYEE	
Print Name:	Date:
Signature:	

TO BE COMPLETED BY HIRING DEPARTMENT APPROPRIATE ADMINISTRATOR	
Print Name:	Date:
Signature:	

FACULTY AFFAIRS USE ONLY	
Approved and Keyed into PeopleSoft:	Date:
Reviewed by Associate Vice President for Faculty Affairs	Date:

This document will be filed in the faculty member's Personnel Action File