

GETTYSBURG COLLEGE

MISCELLANEOUS PAY REQUEST FORM

Name: _____
(First, Middle Initial, Last)

Effective Date: ___/___/___ (Beginning of Pay Period)

Support Staff:

Hourly Rate

Acting Pay - Start _____

Acting Pay -Ending N/A

Equity Adjustment _____

Merit Increase _____

Lump Sum

Bonus (Separate Check) _____

Note: Support Staff are not eligible for Stipends

Administrator:

Equity Adjustment _____

Merit Increase _____

Acting Pay - Start _____

Acting Pay - Ending N/A

Bonus (Separate Check) _____

Stipend * _____

*If to be paid over multiple pay periods, explain: _____

Faculty:

Annual Salary

Bi-weekly Rate

Lump Sum

◆ For Support Staff and Administrators:

Account #: _____ Fund #: _____ Dept. #: _____ Program #: _____ Project/Grant #: _____
5 digits 5 digits 5 digits 2 digits 7 digits

** No agency accounts may be used here (9xxx Series Funds)

Name of GL: _____

Department: _____

Gettysburg College Student:

Hourly Rate

Other: _____

Explain: _____

Bonus (Separate Check) _____

Note: Students are not eligible for Stipends (Exception: Student Assoc., Performers, RAs)

Lump Sum

Account #: _____ Fund #: _____ Dept. #: _____ Program #: _____ Project/Grant #: _____
5 digits 5 digits 5 digits 2 digits 7 digits

** No agency accounts may be used here (9xxx Series Funds)

Name of GL: _____

Department: _____

SIGNATURES:

Originator _____ / / Budget Officer _____ / /

Supervisor _____ / / Financial Services _____ / /

HR/PAYROLL USE ONLY

ASA ___/___/___ Payroll ___/___/___ Employment ___/___/___ Benefits ___/___/___ Assoc. Dir. ___/___/___