



**OUT-OF-TITLE/PAYROLL REQUEST FOR CHECK FORM
FOR FACULTY**

Faculty Member's Name:	Requesting School/Unit:	Extension:
ID:		
Dates Worked:		
# Hours Worked:	Approved Out-of-Title Payment Amount:	Check Amount:
Earnings Code: 190	Fund:	Org/Index: % Banner Admin/Org #:
Earnings Code: 190	Fund:	Org/Index: % Banner Admin/Org #:
Earnings Code: 190	Fund:	Org/Index: % Banner Admin/Org #:
APPROVALS		
Requesting Supervisor:	Date:	
Requesting Department Administrator/Chair:	Date:	

Instructions:

1. Requesting department completes top section, signed by department administrator/chair.
2. Department must attach Request/Approval for Out-of-Title Work for Faculty Form with each Request for Check.

Distribution:

cc: Requesting Department and Fiscal

04/17/07