

REQUEST FOR COMPENSATION

A. Name of Employee _____

Position _____ School _____

B. Service Provided _____ Date(s) Performed _____

Please

Check One ☐ Workshop ☐ Stipend ☐ Extra Duty
 ☐ Tutoring ☐ Grant ☐ Overtime

Flat Fee _____ OR Total Hours _____ X Hourly Rate _____ = Total Due _____

If service was performed on an hourly basis, please fill out timesheet below:

Date	Total Hours	Start Time	End Time	Activity/Service Performed

C. Charge to Account Number: _____
Account Name: _____

D. I certify that I have completed the above listed service:
Signature of Employee: _____
I certify that this service has been performed and approved the Total Due:
Signature of Supervisor: _____

E. Payroll Office Only:
Approved by Director of Business and Finance: _____
Date Paid: _____ Paid by: _____