

## PAYROLL AUTHORIZATION//ADJUSTMENT

Please use this form to authorize payment to a Dominican University employee. Attach all available supporting documents.

Only: Payroll: 7ER 7ET 7DR 8AQ	Last Name	First Name	Jenzaba	enzabar ID#	
\$ TO \$ PER	DEPARTMENT:	F	POSITION:		
New Rate   PER	REGULAR COMPENSATION CHAN	IGE: EXT	RA COMPENSATION:		
Notes:  AGER//DIRECTOR//DEAN  DATE  VICE PRESIDENT//PROVOST  DATE	PER Other Month Year Other  REASON New Employee: Full-time Part-time  Transfer Promotion Demotion Job Restructuring Equity Ad Unpaid FMLA Start/End Paid LOA Start/End R  CHANGE OF STATUS:	# of Hours  justment o o esignation	PER  Month (# of months) Semester (# of semesters) Year Other  SON: Overload Internship Sonus Stipend Department Chair Indeper Other  Germination	Honorarium Proctor ndent Study	
AGER//DIRECTOR//DEAN  DATE  VICE PRESIDENT//PROVOST  DATE  Only: Payroll: 7ER 7ET 7DR 8AQ			EFFECTIVE DATE:		
		DATE VICE	E PRESIDENT//PROVOST	DATE	