

## PAYMENT REQUEST EXTERNAL (NON-SRU) CAMP/PROGRAM STAFF

(This form must be completed and signed <u>before work has begun</u>)

Employee's Name:		Personnel Number:
Name of Camp/Program:		
List or Short Description of Duties:		
Camp/Program Begin Date:	End Date:	
Total Payment:	Hours Worked:	Cost Center:
Employee Signature		Date
Signature of Dean/Director		Date
Signature of Human Resources		Date
Payment requests for external (non-SRU) employ. This form should be originated by the coach or proturned into the Payroll and Student Employment external individuals who were listed as being paid employment packet, and copies of their I-9 docur verification and cleared to participate by our depart. In most cases, payment will be made in the pay per In signing below, I certify that payment should be	ogram administrator and control department for procession the camp registration ments to their coach/programent.	completed in its entirety, prior to being ing. Payments will only be made to form, have submitted their clearances, ram administrator to be submitted for of this payment request.
employment has not interfered with the employed	_	neted as described above, and the dual
Signature of Coach/Program Administrator		<b>D</b> ate

Fligher Education