REQUEST FOR ADDITIONAL/ONE-TIME PAYMENT TO UCSC EMPLOYEE

Prior to using this form or making agreements on payments, please consult Staff HR

This form is a data collection tool to assist Staff HR in making a one-time payment to a staff or student employee. All payments are governed by personnel compensation policies and are subject to approval by Staff Human Resources. For questions about which type of payment is allowable, contact your Staff Human Resources Timekeeper.

Do not use this form for payments to

- employees of other UC campuses (use Intercampus One-Time Payment Form UPAY 644C)
- for payments to non-UC employees (use Direct Pay Form).

Instructions:

- 1) Complete Section 1, obtaining divisional approval and authorization for payment, as needed.
- 2) Route completed form to appropriate SHR Department:
 - For One-Time Payments to STAFF EMPLOYEES, send completed form to SHR Compensation
 - For One-Time Payments to STUDENT EMPLOYEES, send completed form to SHR Operations

| SECTION 1: Please com | olete all fields | in this section and rou | te for REC | QUIRED SIGNATI | JRES | |
|---|-----------------------------|-------------------------|------------|------------------|-----------|------|
| EMPLOYEE'S CURREN | | DINTMENT(S): | | | | |
| Employee Name: | | | J | lob Code: | | |
| Employee ID: | | | Position | Number: | | |
| Department Code: | | | Staff o | r Student: | | |
| EVENT & PAYMENT INF | ORMATION: | | | | | |
| Amo | unt: | | Reques | ted Pay End Date | : | |
| Earnings Begin D | ate: | | E | arnings End Date | : | |
| Fund Source Org C | ode: | | | Fund | 1: | |
| Act | vity: | | | Sub | <i>):</i> | |
| Describe location of ever | it and work pe | rformed: | | | | |
| REQUIRED SIGNATURES Name (printed) Requested By: | | nted) | Signature | | | Date |
| Divisional Approva | | no (printed) | | | | _ |
| Name (printed) Authorization for Payment (if applicable): | | ne (printeu) | | Cianoturo | | Data |
| | | . , | | Signature | | Date |
| | blicable): | | | Signature | | Date |
| (if app | olicable): by Staff Huma | | | Signature | Da | |
| (if app SECTION 2: Completed I | olicable): by Staff Huma | | | Signature | Date | |
| (if app SECTION 2: Completed I SHR Supervisor Author | olicable): by Staff Huma | n Resources | 1 | Signature | DATE | |