



**CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.  
CONTRACT & GRANT ADMINISTRATION**

**BI-WEEKLY PAYROLL REQUEST FORM**

Must be received by UAS Payroll according to time, date and location indicated on the payroll schedule.  
(Use separate payroll request form for each account if there is no percentage allocation.)

Period from (Friday) \_\_\_\_\_ through (Thursday) \_\_\_\_\_

Week 1								Week 2								FOR GRANT REPORTING ONLY	
	Fri	Sat	Sun	Mon	Tue	Wed	Thu		Fri	Sat	Sun	Mon	Tue	Wed	Thu	TOTAL HRS/UNITS TO BE PAID	% OF EFFORT
REG.								REG.									
P.T.O./E.T.								P.T.O./E.T.									
O/T								O/T									
OTHER ( )								OTHER ( )									
COLUMN TOTAL																	

To request flat payment, complete the following:

\_\_\_\_\_  
Unit Cost                      # of Units Paid                      Total Payment                      School Quarter

I certify that I have performed services for the total number of hours/units or percent of effort shown above.

\_\_\_\_\_  
Employee Signature                      Date                      Employee Name (Print)

I certify that the hours/units or effort stated above represent a reasonable estimate of work performed during the pay period covered by this Payroll Request Form.

Please mark if you want your check mailed to your home.

\_\_\_\_\_  
Authorized Signature                      Date

ACCOUNT	FUND	ORGANIZATION	PROGRAM	PROJECT ID	% or \$ ALLOC.
	900	76000	2002	2	
	900	76000	2002	2	

Do not write in the area below - UAS Payroll Use Only

VERIFIED FOR PAYMENT