



University Auxiliary Services

California State University, Los Angeles

University Auxiliary Services Inc.

FACULTY PAYMENT REQUEST FORM

| | | | |
|--|--------------------|--|--|
| Faculty Member Name | | College | Department |
| Academic Year | Quarter | <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer | Today's Date |
| Employment Questionnaire (125%) For the Above Quarter | | <input type="checkbox"/> Attached <input type="checkbox"/> On file | Check delivery method: <input type="checkbox"/> Pick-up from UAS <input type="checkbox"/> Mail to address on file |
| # of Units Paid \$ _____ | Unit cost \$ _____ | | Total Amount Authorized \$ _____ |

Project to Be Charged

Please use one form for each project charged

| Account | Fund | Organization | Program | Project ID | Project End Date |
|---------|------|--------------|---------|------------|------------------|
| | | | 2002 | | |

Certification

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

Employee Name _____

Employee Signature _____ Date _____

As the supervisor and authorized signatory of the person mentioned above, I certify the units or effort stated above represent a reasonable estimate of work performed during the pay period covered by this payment request form, and meets the 125% overload standards.

Supervisor Name _____

Supervisor Signature _____ Date _____

Do Not Write in the area below – UAS Use Only

Verifications

- Signatures confirmed
 Amount verified
 Project ID confirmed