

FACULTY PAYMENT REQUEST FORM

Faculty Member Name	College	Department
Academic Year	Semester	Today's Date
Faculty Employment Questionnaire (125%) For the Above Semester	<input type="checkbox"/> Attached	If you have not enrolled in Direct Deposit with UAS, your check will be mailed to the address currently on file.
# of Units Paid _____	Unit cost \$ _____	Total Amount Authorized \$ _____

Project to Be Charged

Please use one form for each project charged

Fund	Department	Account	Project ID	Project End Date

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