



# Special Consultant Pay Form

**SUBMIT ONE FORM PER PAY PERIOD**

Exempt classification code 4660

Non-exempt classification code 8379

1) Employee ID: \_\_\_\_\_

2) Employee Name: \_\_\_\_\_  
First Name MI Last Name

3) Employee Office: \_\_\_\_\_

4) PeopleSoft Position #: \_\_\_\_\_ Unit: \_\_\_\_\_ Classification Code: \_\_\_\_\_

5) Chart Field: \_\_\_\_\_  
Account Fund Dept. ID Program

6) Pay Period: \_\_\_\_\_ Daily Rate: \_\_\_\_\_ Total Amount: \_\_\_\_\_  
MM/YYYY Minimum \$104/day Calculated Field

7) Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_ Extension: \_\_\_\_\_  
Name MM/DD/YYYY

Indicate days worked according to the payroll calendar.													
30	<input type="checkbox"/>	4	<input type="checkbox"/>	9	<input type="checkbox"/>	14	<input type="checkbox"/>	19	<input type="checkbox"/>	24	<input type="checkbox"/>	29	<input type="checkbox"/>
31	<input type="checkbox"/>	5	<input type="checkbox"/>	10	<input type="checkbox"/>	15	<input type="checkbox"/>	20	<input type="checkbox"/>	25	<input type="checkbox"/>	30	<input type="checkbox"/>
1	<input type="checkbox"/>	6	<input type="checkbox"/>	11	<input type="checkbox"/>	16	<input type="checkbox"/>	21	<input type="checkbox"/>	26	<input type="checkbox"/>	31	<input type="checkbox"/>
2	<input type="checkbox"/>	7	<input type="checkbox"/>	12	<input type="checkbox"/>	17	<input type="checkbox"/>	22	<input type="checkbox"/>	27	<input type="checkbox"/>	1	<input type="checkbox"/>
3	<input type="checkbox"/>	8	<input type="checkbox"/>	13	<input type="checkbox"/>	18	<input type="checkbox"/>	23	<input type="checkbox"/>	28	<input type="checkbox"/>	2	<input type="checkbox"/>

Total Number of Days Worked: \_\_\_\_\_

Description of Services:

\*\*Work Schedule (if current employee):

I certify that I have worked the days as recorded.

\_\_\_\_\_  
Employee Signature Date

Approval:

\_\_\_\_\_  
Print Supervisor Name Supervisor Signature Date

\_\_\_\_\_  
Print Approving Authority Name Approving Authority Signature Date

<b>HRM USE ONLY:</b>	
Employee Record: _____	Initials: _____
PS Processing Date: _____	