



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 \$112/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

HRM USE ONLY:	
Employee Record: _____	Initials: _____
PS Processing Date: _____	