



PAYROLL AUTHORIZATION//ADJUSTMENT

Please use this form to authorize payment to a Dominican University employee. Attach all available supporting documents.

☐ FACULTY

☐ STAFF

☐

EMPLOYEE INFORMATION:

Last Name

First Name

Jenzabar ID#

DEPARTMENT:

POSITION:

REGULAR COMPENSATION CHANGE:

\$ _____ TO \$ _____
Former Rate New Rate

PER

☐ Hour ☐ Month ☐ Year

☐ Other _____

REASON

☐ New Employee:

☐ Full-time

☐ Part-time

of Hours

☐ Transfer

☐ Promotion

☐ Demotion

☐ Job Restructuring

☐ Equity Adjustment

☐ Unpaid FMLA Start/End _____ to _____

☐ Paid LOA Start/End _____ to _____

EXTRA COMPENSATION:

\$ _____

PER

☐ Month (# of months) _____

☐ Semester (# of semesters) _____

☐ Year

☐ Other

OR

REASON:

☐ Overload

☐ Internship

☐ Honorarium

☐ Bonus

☐ Stipend

☐ Proctor

☐ Department Chair

☐ Independent Study

☐ Other _____

CHANGE OF STATUS:

☐ Resignation

☐ Termination

REASON:

ACCOUNT #:

EFFECTIVE DATE:

Notes:

MANAGER//DIRECTOR//DEAN

DATE

VICE PRESIDENT//PROVOST

DATE

HR Use Only:

Payroll:

7ER

7ET

7DR

8AQ

☐ Payment through ADP on _____ (date) by _____ (HR)

NOTES: