

UNIVERSITY OF CENTRAL OKLAHOMA

Request for Authorization to Pay

From Grants or Foundation

Includes scope of work and/or additional services for UCO Employees

(Please read instructions on back)

Date: _____

Name of Employee: _____ Banner ID#: _____

Dates of Services to be rendered: **FROM:** _____ **TO:** _____

Describe scope of work and include documentation if applicable: _____

Amount to be paid – **All Non-Exempt employees must have an attached time card.**

(All applicable taxes and benefits will be applied.)

of Hours worked: _____ & Gross Lump Sum \$ _____ OR \$ _____ per hour

I certify that the above stated dates of services and description of services are true and correct and that said services will be/have been performed in their entirety by me as stated and will be/were outside of my regular working hours.

Employee Signature Date Ext. Number

Organization Number: _____ **Organization Name:** _____

Account Number: 611141 611151 611161 611163 611171
Salary-Teaching Salary-Professional Salary-Student Salary-Non-Professional Salary-Part-Time Teaching

Departmental Approvals:

I certify that the above stated **dates** of service and description of services is true and correct that said services will be/have been performed in their entirety by the above named employee as stated.

Director Date **OR** Chair/Dean Date

President/Division VP (Finance/ Operations/ Academic Affairs/ Student Affairs) Date

Funding Approval

Grants & Contracts Date

OR if payment will be reimbursed by UCO Foundation

Financial Services Department Date **AND** UCO Foundation Date

Submit all completed requests to the UCO Payroll Department, Lillard Admin. Building, Room 208, Campus Box 181.

**Request for Authorization to Pay
From Grants or Foundation**
Instructions for Preparation and Processing
RETURN COMPLETED FORM TO PAYROLL OFFICE

**DO NOT use this form to pay overtime to bi-weekly employees.
DO NOT use this form to pay adjuncts.**

The Request for Authorization to Pay is to be used for one-time payments to employees for additional work performed.

THESE PAYMENTS WILL BE INCLUDED AS PART OF YOUR REGULAR PAY CHECK.

The uses, policies, including required signatures, and instructions for preparation and processing follow:

EXAMPLES:

- * Payments to UCO employees who are instructors of extension and public service workshops and special services.
- * Payments to UCO employees for extra consulting services such as statistical analyses provided to university departments outside of normal working hours.
- * Payments to UCO employees for other general services which, for example, may be in lieu of honorarium type payments such as the judging of university student art work during art festivals.

SIGNATURES:

Authority to Pay's which arrive in Payroll without all signatures will be returned to the originating department.

Name of employee:

The employee performing the services must sign the request for payment.

Grants & Contracts:

This signature is required on all Requests for Authorization to Pay to ensure that funding has been previously budgeted and/or is available.

The Foundation:

The **Vice President** of the Foundation must sign all requests that fall under the Foundation and will include the signature from the **Director for Financial Services**.

President or Appropriate Vice President's Signature Required:

The **President** must sign all requests for the Athletic department. The appropriate divisional **Vice President** must sign for their respective areas. The appropriate **Dean's or Department Head's** signature is also required. The President and the Vice Presidents may designate one or more persons to monitor, sign, and be responsible for certain types of Request for Authorization to Pay form situations.

POLICIES AND PROCEDURES:

- * The form is available on the Payroll Services website under 'Payroll Forms'.

This is a Request for Authorization to Pay and is NOT intended to be used as a demand for payment. It is essential that it be completed before services are rendered. Failure to do this could result in non-payment unless other approval has been obtained. Although processing of this form needs to be completed before the services are rendered, actual payments to the individuals are never made **prior** to completion of services.

- * **IMPORTANT** – Be sure to notify Payroll **immediately** in the event services were not completed.

Deadlines for submission:

- * All forms must be fully completed and are due according to the current year's payroll calendar.