

**UNIVERSITY OF CENTRAL OKLAHOMA**

**Request for Authorization to Pay**

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

**(Please read instructions on back)**

Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Banner ID#: \_\_\_\_\_

**Is Employee currently on UCO payroll or has the employee received payroll in the last 12 months?**

Yes  No  (If NO, this form should not be completed. The individual should be paid through [a temporary staffing agency or Procurement Services.](#))

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**

\_\_\_\_\_  
Budget or Financial Services Department Date

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

**Request for Authorization to Pay**  
Instructions for Preparation and Processing  
**RETURN COMPLETED FORM TO BUDGET 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.

**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.

**Assistant V.P. for Finance/Accounting, Director of Budget:**

One or more of these signatures is required on all Requests for Authorization to Pay to ensure that funding has been previously budgeted and/or is available.

**POLICIES AND PROCEDURES:**

- \* The form can be obtained from either the Budget or Payroll office.

**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.