Faculty Overload and Adjunct Pay Order Form

School:

Payment
Start Date: No. of Pays:

*Payroll Clock #	Name (last name first)	Course #	# of Credits	Total Pay Amt	$ Each Pay	Dept/GL #	

* To be Completed by Payroll Dept

Allow 8 days prior to payroll check date for processing

Prepared by: _____

Authorized Signature: _____

Date submitted: _____

Payroll Office Use Only:

Treasurer's Signature: _____

Payroll Signature:_____ Date Entered:_____