



Sacred Heart UNIVERSITY

PAYROLL AUTHORIZATION FORM

Name: _____
Last First Initial

Address: _____ Office or Dept.: _____

Position: _____

SALARY INFORMATION:

Type of Authorization (check one): Original ☐ Change ☐ Termination ☐ Other ☐

Effective Date: _____
Month Day Year

Timeframe: _____ (i.e. 9/15/08 to 6/30/09 or one-time payment)

Charge Acct. No: _____

Other Salary: \$ _____

Hourly Salary:

Non-Student Hourly Rate \$ _____
_____ hrs. * _____ per hr. = \$ _____ -

Student Hourly Rate \$ _____

Detailed
Explanation: _____
(Required) _____

Approved: _____ Date: _____
(Director, Department Chair, and/or VP)

Final Approval: _____ Date: _____
(Human Resources Director and/or Dean)