

Andrews University

One Time Payment Request

Office of Human Resources

This form is to be used as payment instructions only for PROJECT BASED WORK or as an HONORARIUM and meets the following guidelines:

- One time payments are for current Andrews University employees
- For payment of services not already accounted for through other earnings
- Work or services performed is limited to one event or a relatively short amount of time; must be reported in pay period worked
- There is no intent on the part of the department to establish a continuing employment relationship
- Overtime will processed if total employee hours, INCLUDING hours from one-time pay, exceed 40 in a given week

Name _____	Andrews ID # _____																		
Department _____	Current Employee Class: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried																		
Amount of Payment: _____	For week of(beginning date of week worked): _____																		
Total Hours Worked: _____																			
Please provide detailed information about the project:																			
Account(s) to be charged:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Fund</th> <th style="text-align: center;">Org</th> <th style="text-align: center;">Account</th> <th style="text-align: center;">Program</th> <th style="text-align: center;">Activity Code</th> <th style="text-align: center;">%</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">-</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	Fund	Org	Account	Program	Activity Code	%	_____	-	_____	-	_____	-	_____	_____	_____	_____	_____	_____
Fund	Org	Account	Program	Activity Code	%														
_____	-	_____	-	_____	-														
_____	_____	_____	_____	_____	_____														
Supervisor: _____	ID #: _____ Date: _____																		