REQUEST FOR EXTENSION SALARY PAYMENT

Date of Request: _____

Name: _____

Social Security Number: _____

Graduate Assistant? (Please circle one) YES NO N/A

Current HSU employee? (Please circle one) YES NO N/A

Duties performed: _____

Dates worked: _____ thru _____

Flat rate fee per day: _____

Total to be paid to employee before taxes: _____

Total to be paid for employer taxes (7.70%): _____

Retirement plan - circle one: TIAA-CREF (10%) APERS (11%) ATRS (14%)

Total to be paid for retirement (if HSU employee): _____

Transfer funds from general ledger account number: _____

THIS SPACE FOR HR AND PR USE ONLY:

Group Code: _____ Pay Period Code: _____

Other: _____

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1. _____
Requested by Date

2. _____
Approved – Director/Chair Date

3. _____
Approved –Dean Date

4. _____
Human Resources Date

5. _____
Approved – Vice President Date

6. _____
Approved – President Date

After approval by the Director/Chair and Dean, fax form to Human Resources at 230-5486 or mail to HSU Box 7884. Form will then be routed to the appropriate Vice-President and the President for approval before being submitted to payroll for processing.

Revised: 07/01/2009