

SPECIAL PAYMENTS PAYROLL AUTHORIZATION
HSMC STAFF

Employee Information

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security No: _____ Sex: _____ Birth Date: _____

Ethnic ID: _____ Rate of Pay: _____

Agency Code: 23.02.01						
Action Code:				Effective Date:		
H/D H	NPH 80	PCT EMP 100	CHK DIST/ LOC	SUB-PGM	PROGRAM 000	PSEUDO CODE

First Fund Source	Code	Percent	Review Code 04	Class Code 9508
Second Fund Source	Code	Percent		
Third Fund Source	Code	Percent		

Agency Control / Budget Number

Fund	Function	Object	Subfund	
Entry on Duty Date		(IF EMPLOYEE HAS HAD PREVIOUS CONTRACTS THE ENTRY OF DUTY DATE SHOULD BE THE DATE OF THE ORIGINAL CONTRACT.)		
Department Head Approval			Employee Job Title	
Employee ID Number:	Budget Title		Anthology Timesheet Approver	
Remarks				
Forms Required: I9, W4 and MW507, Substance Abuse, Direct Deposit, Drug Testing Policy, Software Code, Computer Usage, Questionnaire, MD New Hire, Email (HR ONLY). The new W4 Form must indicate Payroll Type CT.				

I CERTIFY THAT SUFFICIENT FUNDS ARE IDENTIFIED AND AVAILABLE IN THE AGENCY APPROPRIATION FOR CONTRACTUAL EMPLOYMENT TO SUPPORT THIS EXPENDITURE, THAT THE APPROPRIATE CONTROL AGENCY REVIEW STATUS HAS BEEN PERFORMED AND THAT INTERNAL APPROVAL HAS BEEN OBTAINED.

Once you've completed the form, please **print, sign, then submit to Human Resources via interdepartmental mail.**

Timekeeper Department

Human Resources

Signature-Fiscal Officer (Personnel)

Signature-Appointing Authority

Name-Fiscal Officer (Personnel)

Name-Appointing Authority

Date

Date