

## SPECIAL PAYMENTS PAYROLL AUTHORIZATION - ADMINISTRATIVE

ACTION CODE	EFFECTIVE DATE	AGENCY CODE <b>36.04.00</b>	AGENCY CONTACT & PHONE NUMBER <b>Leesa Orton 240-895-4309</b>				
SOCIAL SECURITY NO. <small>(Verified)</small>		FIRST NAME <small>(Legal name only)</small>		MIDDLE <small>Initial</small>	LAST NAME <small>(Legal name only)</small>		
RATE OF PAY	H/D <b>H</b>	NPH <b>80</b>	PCT EMP <b>100</b>	CHK DIST/LOC _____	SUB-PGM _____	PROGRAM <b>000</b>	PSEUDO CODE _____
FUND SOURCE FIRST	CODE <b>40</b>	PERCENT <b>100</b>	REVIEW CODE <b>04</b>	CLASS CODE <b>9002</b>	BIRTH DATE	SEX	ETHNIC ID
SECOND			AGENCY CONTROL/BUDGET NUMBER			RESERVED (PIN)	
			FUND	FUNCTION	OBJECT	SUBFUND	
THIRD			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: (CARS) \_\_\_\_\_

Budget Title: \_\_\_\_\_

Division/Dept: \_\_\_\_\_

Average hours to be worked each week \_\_\_\_\_

Remarks:

Check If Applicable  Hourly Rate Invalid (Lump Sum Payment)  Grant

Forms Required: Vacancy Form  
CBC Form  
I9  
W4 and MW507  
Direct Deposit  
Questionnaire  
Substance Abuse  
Drug Test Policy  
Software Code  
Computer Usage  
Admin Contract  
MD New Hire  
Sexual Misconduct

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 INDICATED AND THAT APPROVAL HAS OBTAINED BY WAY OF THE 312 PROCESS, IF REQUIRED.

\_\_\_\_\_  
SIGNATURE-FISCAL OFFICER (Personnel)

\_\_\_\_\_  
SIGNATURE-APPOINTING AUTHORITY

DATE

**Michelle L. Forinash**  
NAME-APPOINTING AUTHORITY

ACTION CODE (01-NEW HIRE, 02-TRANSFER, 03-CHANGE, 04-TERMINATE)

REVIEW CODE (REASONS EXEMPT FROM PRE-EMPLOYMENT CONTROL AGENCY REVIEW)

01-STUDENT (FICA EXEMPT)

04-DIRECT EMERGENCY SERVICES

06-COLLEGE FACULTY

14-INCENTIVE AWARDS

ETHNIC ID

01-WHITE (NOT OF HISPANIC ORIGIN): INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE PEOPLES OF EUROPE, NORTH AMERICA OR THE MIDDLE EAST

02-BLACK (NOT OF HISPANIC ORIGIN): INCLUDES PERSONS HAVING ORIGIN IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA

03-ASIAN OR PACIFIC ISLANDERS: INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE PEOPLES OF THE FAR EAST, SOUTHEAST ASIA,

THE INDIAN SUBCONTINENT, OR THE PACIFIC ISLANDS. THIS AREA INCLUDES, FOR EXAMPLE, CHINA, KOREA, THE PHILIPPINE ISLANDS, AND SAMOA.

04-AMERICAN INDIAN OR ALASKAN NATIVE: INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA, AND WHO

MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION

05-HISPANIC: INCLUDES PERSONS OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN, OR OTHER SPANISH CULTURE OF ORIGIN.

For new hires submission of a W4 (Form MW507) is required. The new W4 Form must indicate Payroll Type CT