

Faculty Non-Standard Payment Agreement



Banner ID:

Payee Last Name:

Payee First Name :

Initiating Dept. Contact
info:

Initiating Department
Phone:

Initiating Department
Name:

Organization Code:

Work Description:

Payee Payment:

One Time

Payment Amount:

Earnings Code

Choose an item.

Primary Hiring
Organization Name
Primary Department
Phone

Primary Hiring
Organization Code
Primary Dept. Contact info

Originating Department Authorizing Payment Signature: _____

(Authorized approval of originating department if different than hiring organization as noted above)

Start Date	End Date	Index	Account Code	Percent
			Choose an item.	
			Choose an item.	
			Choose an item.	

I request approval for special compensation. I certify this work is in accordance with current policy on non

standard payment processing. Faculty Handbook: <http://handbook.unm.edu/section-c/c140.html>

Policy 2615: Non-Standard Payment Processing: <http://policy.unm.edu/university-policies/2000/2615.html>

Employee Signature: _____ Date: _____

OVPR Signature: _____ (Only if restricted funds)

Chair Signature: _____ (not required if submitted via EPAF)

Dean Signature: _____ (not required if submitted via EPAF)