

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

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: _____

OVRP Signature: _____ (Only if restricted funds)

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

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