

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)