

MAY PAYROLL APPOINTMENTS

SCHOOL OF _____
 DATE _____

DEPARTMENT OF _____
 ACADEMIC YEAR _____

Signature of Appropriate Dean _____

						FOR PAYROLL USE ONLY
NAME	SOCIAL SECURITY NO.	AMOUNT FROM SALARY ACCOUNT	AMOUNT FROM OTHER ACCOUNTS	GRAND TOTAL FROM ALL ACCOUNTS	REMARKS (IDENTIFY SOURCE OF FUNDS FROM OTHER ACCOUNTS)	MAY PAYMENT

APPROVED: _____
 PROVOST

DATE: _____