

Purpose of this Form: Requests for student workers should be directed to your department's designated student transaction initiator. For additional information on how to use one-time payments, refer to the [Compensation Guidelines: Activity Pay and One-Time Payments](#).

Requestor Information

Name:

Andrew ID:

Phone:

Email:

Payment Recipient Detail

Employee Name:

Andrew ID:

Supervisory Org:

Pay Frequency: BIWEEKLY

Position:

Academic Period: FALL

Activity Pay Details

Activity Pay Reason: Outreach Programs

Activity Start Date:

Activity End Date:

Unit Quantity:

Payment Start Date:

Payment End Date:

Assigned Unit Rate:

SPA Approval Needed: SPA Approval Needed

Currency: US Dollars (USD)

Amount:

Comments:

***Threshold approval necessary for activity payments in excess of \$30,000.**

Charging Instructions

GL AMT OR %	FUNDING	FUNCTION	ACTIVITY	COST CTR (ORG)	BUS UNIT (ENTITY)
GA AMT OR %	PROJECT	TASK	AWARD	EXPENDITURE ORG.	

Requesting Organization Approvers (Standard Approval Flow)

Supervisor

Financial Approver

Supervisor's Supervisor

ALG Member

Human Resources Business Partner

Threshold Approver

Submit completed form to your department's designated student transaction initiator.