John Carroll University

Additional Pay from Grant Accounts

This form is used to authorize additional payments (wages) for faculty and administrators from grant accounts. Completed Forms should be submitted to the Office of Sponsored Programs at least two weeks prior to the scheduled pay date.

EMPLOYEE INFORMATION

Employee Name: _____

                      Last   *First*   *M.I.*

SS# or Banner ID: _____   Date: _____

PAYMENT DETAILS

Fund/Grant # _____   Org #: _____

Amount: $ _____   Scheduled Pay Date*: _____

Time Period Covered: _____

*Indicate pay structure if wages are to be paid over more than one pay period:

FRINGE BENEFITS

Rate: _____ %   Amount: $ _____   Charge to Fund/Org listed above?   Yes   No

ADDITIONAL INFORMATION

Purpose of Additional Pay:

SIGNATURES

Employee Name	Signature	Date
Supervisor Name	Signature	Date
Sponsored Programs/Authorized Official Name	Signature	Date

Form revised May 2021