

**REQUEST FOR STUDENT SALARY PAYMENT**

DEPARTMENT:	POSITION #:
FOAP:	
DESCRIPTION OF REQUEST:	
FULL LEGAL NAME:	
CONCORDIA ID:	
BEGIN DATE OF WORK (Month/Date/Year):	/ /
LAST DATE OF WORK (Month/Date/Year):	/ /
<b><u>TOTAL</u> AMOUNT TO BE PAID:</b>	

**PLEASE NOTE:**

- *A Work Cert must be submitted in conjunction with this form for your department during the academic year.*
- *Pay Checks will be issued according to the Biweekly Pay Schedule based on the dates worked. Total Amount To Be Paid, as indicated above, may be paid in payments.*

\_\_\_\_\_  
REQUESTED BY (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
SIGNATURE DATE

<i>For Payroll Office Use Only:</i>		
Beginning Effective Date: _____	First Paydate: _____	Factor: _____
Termed Effective Date: _____	Last Paydate: _____	Pays: _____
Date Entered: _____	Initials: _____	