



Office of the Controller  
Payroll  
Administration Bldg. Room 148  
Ph. (561) 297-6401  
Fax (561) 297-1062  
www.fau.edu

Approval to pay special time specific payments\*

Date: \_\_\_\_\_

Department Name \_\_\_\_\_

Campus Address: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Phone No. \_\_\_\_\_

Departmental Time Keeper \_\_\_\_\_ TKA # \_\_\_\_\_

Authorization is given to the payroll department to pay the following assignment:

Employee name \_\_\_\_\_ Z# \_\_\_\_\_

Position # \_\_\_\_\_ Suffix # \_\_\_\_\_

End date of assignment/project \_\_\_\_\_ Payment Amount \_\_\_\_\_

\*Payroll will process payment provided the following conditions are met:

- Forms must be filled out completely. Incomplete forms will be returned to the campus address on this form.
- Forms may be submitted to payroll upon completion of the assignment/project. Early forms will be returned.
- Assignment must be encumbered in NBPBUDM.