UNIVERSITY *of*
West Georgia

STUDENT COMPENSATION REQUEST

DATE: _____ REQUESTED PAYMENT DATE: _____

BI-WEEKLY - Student *(Commission/ Per Item Payment)*

UWG EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

ADP NUMBER: _____ Earnings Code: [   ]

AMOUNT: **$** _____

ADP Payroll Distribution Code

ACCOUNT/
CHART STRING:

Acct	Fund	Dept	Program	Class

DESCRIPTION OF ACCOUNT: _____
(Include Project/Grant # if Applicable)

ACTION INITIATED BY: _____ PHONE #: _____

DATE(S) AND DESCRIPTION OF TYPE OF SERVICE(S) RENDERED

_____

_____

_____

APPROVED BY:
_____
Official Authorized Approver *(See Controller Website)*   Date

APPROVED BY:
_____
Academic/Administrative Office   Date

APPROVED BY:
_____
Human Resources   Date

APPROVED BY:
_____
Budget Services   Date