KNOX COLLEGE

BUSINESS OFFICE
2 East South Street, Box K-147
Galesburg, Illinois 61401-4999
309-341-7313 Phone
309-341-7076 Fax

PAY AUTHORIZATION

SEND COMPLETED FORM TO: Payroll Coordinator, K-147

Date _____

From (Department) _____

TO BE COMPLETED BY DEPARTMENT HEAD

Employee/Student Name_____ ID# _____

Date of Hire _____

Department Account to be charged __ __ – __ __ __ __ – __ __ __ __ – __ __ __ __ __

Hourly Rate _____ *or* Stipend Amount _____

Reason for stipend _____

Supervisor Signature _____ Date _____

TO BE COMPLETED BY PERSONNEL/PAYROLL OFFICE

ID# _____

Position Code __ __ – __ __ – __ __ __ __ – __ __ – __ __

Regular Pay ❑ BIWK ❑ STDT ❑ MNTH

Beginning Date _____

End Date_____

Hourly _____

Salary _____

Signature _____ Entered by_____ Date _____

5/16