

KNOX COLLEGE
GALESBURG, ILLINOIS 61401

- PAY AUTHORIZATION -

To: Payroll Coordinator
K-147

Date:

From (Department):

To be completed by Department Head

Employee 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 Number _____

Position Code _____ - _____ - _____ - _____

Regular Pay

BIWK / MNTH

Beginning Date _____

End Date _____

Hourly _____

Salary _____

Signed: _____ entered by: _____ date: _____
(Payroll/Personnel)