

**KNOX COLLEGE**  
GALESBURG, ILLINOIS 61401

**- STUDENT PAY AUTHORIZATION -**

To: Payroll Coordinator  
K-147

Date:

From (Department):

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*To be completed by Department Head*

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Department Account to be charged: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ *or* Stipend Amount: \_\_\_\_\_

*Reason for stipend:* \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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

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*(To be completed by Personnel / Payroll Office)*

ID Number \_\_\_\_\_

Position Code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Regular Pay

BIWK / STDT

Beginning Date \_\_\_\_\_

End Date \_\_\_\_\_

Hourly \_\_\_\_\_

Salary \_\_\_\_\_

Signed: \_\_\_\_\_ entered by: \_\_\_\_\_ date: \_\_\_\_\_  
*(Payroll/Personnel)*