KNOX COLLEGE  
GALESBURG, ILLINOIS 61401

- STUDENT PAY AUTHORIZATION -

To: Payroll Coordinator  
K-147

Date:

From (Department):

______________________________________________

To be completed by Department Head

______________________________________________

has been employed by us

beginning _______________ at an hourly rate of ___________/ or a

salary of ___________ per month. Salary should be charged to Account # ____________.

Approved by: ________________________________

Date: ________________________________

______________________________________________

(To be completed by Personnel / Payroll Office)

ID Number ________________________________

Position Code ________________________________

Regular / Overload Pay

BIWK / STDT / MNTH

Beginning Date ________________________________

End Date ________________________________

Hourly ________________________________

Salary ________________________________

Signed: ________________________________ entered by: ________________________________ date: ________________

(Payroll/Personnel)