SNOW COLLEGE
Full-Time
PAYROLL ACTION FORM

THIS FORM CAN ONLY BE USED FOR FULL-TIME EMPLOYEES. ANYONE WHO IS NOT FULL-TIME MUST USE THE PERMANENT HOURLY/PART-TIME PAYROLL ACTION FORM. THIS FORM MUST BE SUBMITTED BY THE 15th OF THE MONTH UNLESS OTHERWISE INDICATED THROUGH E-MAIL.

Badger ID# _____

NAME: _____
Last First Middle

ADDRESS: _____
☐ Check if change of address Street City State Zip

PHONE: _____ **TITLE/POSITION:** _____

DEGREE: _____ **YEARS OF EXPERIENCE:** _____ **PAY RATE PER CREDIT:** _____
DATE OF APPOINTMENT: From: _____ To: _____

COURSE TO BE TAUGHT/ASSIGNMENT: _____ **# of CREDITS** _____

OR ACTION REQUESTED: _____

ACCOUNT DISTRIBUTION	
Index Number	**Amount**

To be paid in _____ monthly installments
of $_____

President (amounts of $10,000 or more) Date

Supervisor Date

Vice President Date

Human Resource Director Date

Accounts Verified Controller/VP, Bus. Admin Date

PAYROLL PERIOD

To begin _____ Fiscal Year _____

To End _____ Fiscal Year _____

Date Entered in Computer: _____ By: _____ POSITION#: _____ ID#: _____
Revised 02/22/2021