

THE UNIVERSITY OF CHICAGO STUDENT CASUAL PAYMENT REQUEST FORM

UPP 183S FORM (9/98)

PERSONAL DATA

SOCIAL SECURITY NUMBER	NAME LAST	FIRST	MI	JOB NUMBER
PERMANENT MAILING ADDRESS (STREET, CITY, STATE, ZIPCODE)				
CITIZEN OF USA? <input type="checkbox"/> YES <input type="checkbox"/> NO		U of C STUDENT ID. NUMBER	REGISTERED	UN-REGISTERED
IF NO, ATTACH ALIEN INFORMATION REQUEST FORM				CHECK DELIVERY CODE

ASSIGNMENT INFORMATION

PAY PERIOD END DATE	DEPT. NO.	DEPARTMENT NAME	ASSIGN BEGIN	ASSIGN END
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FAS ACCOUNT NO.

DUTIES OF EMPLOYEE

TIME CARD DETAIL INFORMATION

ACCOUNT # TO BE CHARGED	Check box that best describes employee's duties *No LUMP SUM PAYMENTS ALLOWED FOR THESE CATEGORIES <input type="checkbox"/> (3109)CLERICAL* <input type="checkbox"/> (3111)TEACHING <input type="checkbox"/> (3112)PHYS ED SUPPORT <input type="checkbox"/> (3113)DATA PROCESSING* <input type="checkbox"/> (3115)MAINTENANCE* <input type="checkbox"/> (3117)RESEARCH ASST <input type="checkbox"/> (3118)PROFESSIONAL <input type="checkbox"/> (3119)FACULTY ASST <input type="checkbox"/> (3122)TECHNICAL <input type="checkbox"/> (3123)SERVICE*
ACCOUNT NAME	
HOURLY RATE \$	
REGULAR HOURS CRP	
OVERTIME HOURS COT	
TOTAL REGULAR & OT HOURS	

	IN		OUT		IN		OUT		IN		OUT		DATE	REGULAR HOURS WORKED	S H F T	OVER-TIME HOURS
SUN																
MON																
TUES																
WED																
THUR																
FRI																
SAT																
SUN																
MON																
TUES																
WED																
THUR																
FRI																
SAT																
<u>TOTAL HOURS TO BE PAID>></u>																

LUMP SUM CLS	\$	
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A brief summary explaining the service should be attached or noted on the Time Card Detail Information Section for all lump sum payments.

The foregoing is an accurate record of the hours worked by me for the period indicated.

Signature of Employee

SUPERVISOR'S CERTIFICATION

I certify that the above individual has rendered service to The University of Chicago and that the payment should be charged as indicated above. To the best of my knowledge and belief, the analysis of productive hours reasonably represents the activity of the individual.

Dean, Dept. Head, Institute Director, Supervisor

Phone _____ Date _____

The University of Chicago Student Casual Payment Request Form is to be used for "ad hoc" assignments, which are not expected to last more than two (2) consecutive pay periods within an executive level.

- If a Student Casual Assignment is to extend more than two (2) pay periods within an executive level, the department must submit the appropriate student employment form to establish the student in a temporary student assignment.
- The department must pay at least minimum wage.

NOTE: Payment to non-student employees should not be processed on this form. Intermittent payments to non-student employees should be processed on the **STAFF ONE TIME PAYMENT REQUEST FORM, UPP183OT (9/98)**.