

**STEVENS INSTITUTE OF TECHNOLOGY
ADJUNCT AND ONE TIME PAYMENT PAYROLL NOTICE
FOR
FACULTY/STAFF**

TO BE USED ONLY FOR ALL FACULTY AND STAFF:

ONE TIME PAYMENTS

ADJUNCTS

NAME _____ SOC. SEC. NO. _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

ACTION REQUESTED EFFECTIVE _____ TERMINATION DATE _____

DATE PREPARED	NEW EMPLOYEE OR PRESENT STATUS	PROPOSED STATUS
DEPARTMENT		
CLASSIFICATION (TITLE)		
SALARY / RATE		
COMPENSATION BASIS	<input type="checkbox"/> ADJUNCT-MONTH <input type="checkbox"/> SINGLE PAYMENT (<input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY)	<input type="checkbox"/> ADJUNCT/MONTH <input type="checkbox"/> SINGLE PAYMENT (<input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY)
TOTAL FUNDS COMMITTED		
BUDGET ACCOUNT (S) (INCLUDE SUBCODE)		
REMARKS / REASON, ETC.		
DEPARTMENT		DATE
ADMINISTRATION		DATE
HUMAN RESOURCES		DATE
FINANCE OR OSR APPROVED		DATE