

MINERAL AREA COLLEGE

PAYROLL REQUEST

(Not Applicable to Work-Study Employment)

Name:	JICS #:
Position:	Dept/Program:

Explanation:

Please complete A. or B. below.

A. One-time Service

Total Amt to be Pd: \$
Effective Date:
Number of Payments:
Acct #: 15 - - 5120

B. Recurring Service

Hourly Rate: \$
Effective Date:
Number of Payments: Monthly Per Timesheet
Acct #: 15 - - 5120

New employees **MUST** complete an Employee Packet prior to beginning employment. Contact your Dean for assistance.

Submitted by:	Date:
Supv/Dept Chair Signature:	Date:

SIGNATURES

(Dean/Business Manager)

(Date)

(President)

(Date)

Salary Code _____