

Grant Pay Authorization

Date:

Name:

Rate of Pay:

Estimated Hours:

Contract Cap: up to

FOAP:

Position No.

Performance Period:

Payroll Date:

Fiscal Year Payment Applies to:

Nature of Work:
(specify)

Budget Manager

Date

Vice President

Date

Sponsored Programs Officer

Date

Vice-President of F&A Affairs

Date

President

Date

Employee

Date

Payroll Office:

Laurie Weaver _____

Original Copy:

Human Resources