



SPECIAL PREMIUM PAYMENT FORM

A EMPLOYEE INFORMATION	
First Name & Initial(s)	Surname
Employee ID	Student ID

B PAYMENT REQUEST			
Description (attach supporting document)			
Type of Position	Primary Position Secondary Position	Position Code	Transaction Code (if known)
Total Premium (\$)		Total No. of Hours	
GL Account (# ##### -####)	Benefit Account Override	% Allocation	
GL Account (# ##### -####)	Benefit Account Override	% Allocation	
GL Account (# ##### -####)	Benefit Account Override	% Allocation	
GL Account (# ##### -####)	Benefit Account Override	% Allocation	
Frequency			
One Time		Date of Activity (dd/mm/yyyy)	
Biweekly		Start Date (dd/mm/yyyy)	Expiry Date (dd/mm/yyyy)
Monthly		Start Date (dd/mm/yyyy)	Expiry Date (dd/mm/yyyy)

C AUTHORIZATION				
Department	Ext.	Name	Signature	Date (dd/mm/yyyy)
Research Office (University / FHS)	Ext.	Name	Signature	Date (dd/mm/yyyy)
Finance Office (University / FHS)	Ext.	Name	Signature	Date (dd/mm/yyyy)

Obtain required signatures and submit to:
 Payroll Office: Fax (905) 525-8410 Downtown Centre Room 417
 Grad Studies Payroll Office: Fax (905) 521-0689 Gilmour Hall Room 2112