

Comments appear in these colored boxes. Mouse over a speech bubble to learn more about a particular field.

To Department: Return first two copies to the Accounting Office for processing. Keep copy 3 (pink) for your records, give copy 4 (blue) to individual. This form must be typed and completed in full.

The College Monthly payroll is distributed on or about the 25th of each month. In order to receive payment, W-4, I-9, Bar of Claims, and Drug Free Workplace forms must be on file in the College Personnel Office. Persons paid on the College Monthly payroll do not receive fringe benefits.

Check if a new employee . Check if the personnel information below is new . Check if retired under a federal, state, or municipal retirement program .

Check if employed by the State of RI or Municipality . Employer \_\_\_\_\_

SS NUMBER 123-45-6789 DATE 4/1/2006  
NAME Sample Employee HOME PHONE (401) 101-1010 WORK PHONE (401) 456-1010  
ADDRESS 123 Sample Avenue  
CITY/TOWN Providence STATE/ZIP 02908

The payee's signature should go here

And the date



(SIGNATURE OF PERSON PROVIDING SERVICES)

Date

Signature certifies that the above information is accurate and that services will be provided in accordance with this contract.

SERVICES TO BE PERFORMED: (This section must be fully completed; i.e., duties described, dates services performed, hourly rates, etc.):

Tutored 5 students in basic Spanish  
Took attendance for afternoon classes 4/1 - 4/14/06  
Assisted in making and sending copies of pamphlets



AUTHORIZING SIGNATURES:

Authorization for commencement of the services described above was granted prior to the start of said services. \_\_\_\_\_

Print/type and sign your name

Responsible person

Print/type and sign your name

Enter current date

Authorized Salary: \$400.00

Department or Grant Project Director

Date

Period covered: 4/1/06 - 4/30/06

Appropriate Vice President and/or Dean

Date

Dept/Grant Name: Enter your grant name

Appointing Authority

Date

Dept/Grant #: Grant #, budget reference and dept #

Assistant Vice President for Finance and Controller

Date

For Accounting Use Only

Contract amount \$ \_\_\_\_\_

Type of payroll \_\_\_\_\_

# of payments \_\_\_\_\_

# tax purpose \_\_\_\_\_

Period covered \_\_\_\_\_

Department # \_\_\_\_\_

Description code \_\_\_\_\_

Manual Override needed if checked.

Reviewed \_\_\_\_\_

Inputted \_\_\_\_\_

Jan \_\_\_\_\_ July \_\_\_\_\_

Feb \_\_\_\_\_ Aug \_\_\_\_\_

Mar \_\_\_\_\_ Sept \_\_\_\_\_

Apr \_\_\_\_\_ Oct \_\_\_\_\_

May \_\_\_\_\_ Nov \_\_\_\_\_

June \_\_\_\_\_ Dec \_\_\_\_\_