



# LAKE SUPERIOR STATE UNIVERSITY

## Payroll Authorization

The payroll authorization **must be completed and approved before an individual begins work**. Responsibility for obtaining approval rests with the area in which the employee is to work. Payroll Authorizations are marked "received" by Human Resources when signatures 1-4 are complete. **Please allow for 10 business days after receipt by Human Resources for processing.**

FName \_\_\_\_\_ LName \_\_\_\_\_ A # \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

**Complete:** Fund \_\_\_\_\_ Orgn \_\_\_\_\_ Acct \_\_\_\_\_ Prog \_\_\_\_\_ Actv Code \_\_\_\_\_ % \_\_\_\_\_

Fund \_\_\_\_\_ Orgn \_\_\_\_\_ Acct \_\_\_\_\_ Prog \_\_\_\_\_ Actv Code \_\_\_\_\_ % \_\_\_\_\_

Fund \_\_\_\_\_ Orgn \_\_\_\_\_ Acct \_\_\_\_\_ Prog \_\_\_\_\_ Actv Code \_\_\_\_\_ % \_\_\_\_\_

Fund \_\_\_\_\_ Orgn \_\_\_\_\_ Acct \_\_\_\_\_ Prog \_\_\_\_\_ Actv Code \_\_\_\_\_ % \_\_\_\_\_

Ex. 1000

10650

6010

60

**Check One** ☐ Regular 12 month ☐ Regular 10 month ☐ Regular 9 month ☐ Temporary ☐ Pool  
☐ Supplemental/Overload ☐ Adjunct ☐ Summer ☐ Other

### Faculty/Adjunct pays – one course per form

Number currently enrolled in course \_\_\_\_\_ As of Date \_\_\_\_\_

Projected enrollment \_\_\_\_\_ (if less than 10, provide explanation for course offering in  
Explanation/Special Conditions area of form)

**Check One** ☐ New position ☐ Replacement for \_\_\_\_\_ ☐ Other \_\_\_\_\_

Average Hours per Week \_\_\_\_\_

No. of Weeks (or Reg or Pool) \_\_\_\_\_

Hourly Rate or Salary \_\_\_\_\_

Total Authorized \_\_\_\_\_

Date on Payroll (Follow Pay Periods if No Proration) \_\_\_\_\_ Date off Payroll \_\_\_\_\_

Explanation/Special Conditions: \_\_\_\_\_

Web Time Entry Review (Print Name of Timesheet Approver) \_\_\_\_\_

1) Supervisor/Dean Approval \_\_\_\_\_ Date \_\_\_\_\_

2) VP Approval \_\_\_\_\_ Date \_\_\_\_\_

3) Budget Review \_\_\_\_\_ Date \_\_\_\_\_

**For Grants:** Grant PI \_\_\_\_\_ Date \_\_\_\_\_

Grant Accountant/Approver \_\_\_\_\_ Date \_\_\_\_\_

### HR USE ONLY:

Employee Class: \_\_\_\_\_

W/C \_\_\_\_\_

FTE: \_\_\_\_\_

TIAA Enrollment Date: \_\_\_\_\_

No. of Pays: ☐ 20 ☐ 26 ☐ Other

BCBS Enrollment Date: \_\_\_\_\_

MPSERS Member: ☐ Yes ☐ No

Date to Payroll: \_\_\_\_\_

If Yes, Retiree: ☐ Yes ☐ No

Date of Retirement: \_\_\_\_\_

Completed by \_\_\_\_\_