



John Carroll University

Additional Pay from Grant Accounts

This form is used to authorize additional payments (wages) for faculty and administrators from grant accounts. Completed Forms should be submitted to the Office of Sponsored Research at least two weeks prior to the scheduled pay date.

EMPLOYEE INFORMATION

Employee Name: _____
Last First M.I.

SS# or Banner ID: _____ Date: _____

Org/Account #: _____ Name of Grant: _____

DETAILS

Pay Amount: \$ _____ Scheduled Pay Date*: _____

Time Period Covered: _____

*Indicate pay structure if wages are to be paid over more than one pay period:

FRINGE BENEFITS

FB Rate: _____ % FB Amount: \$ _____ ORG#: _____

ADDITIONAL INFORMATION

Purpose of Additional Pay:

SIGNATURES

Employee Name	Signature	Date
Supervisor Name	Signature	Date
Sponsored Research/Authorized Official Name	Signature	Date