

TO BE USED FOR EMPLOYEES
WITH ADDITIONAL PAY

EXCEPTION TO
NORMAL PAY (ENP)
OKLAHOMA STATE UNIVERSITY

PAYROLL SIGNUP FORMS MUST BE
ATTACHED FOR NEW EMPLOYEES
OR THE FORM WILL BE RETURNED
TO THE ORIGINATING
DEPARTMENT.

EMPLOYEE ID NUMBER	EMPLOYEE NAME (Last, First, Middle)	ECLASS	PAYING ORGANIZATION
[REDACTED]	[REDACTED]	IG	[REDACTED]
POSITION CLASS	TITLE	ORGANIZATION NAME	
[REDACTED]	[REDACTED]	[REDACTED]	

POSITION	SUFFIX	PERIOD (MMDDYYYY)		EARNINGS CODE	HOURS	AMOUNT	FUNDING			
		FROM	TO				FUND	ORGN	ACCT	LOCN
[REDACTED]	00	05012019	05312019	170	8.00	18.515741	[REDACTED]	[REDACTED]	602220	1
Totals					8.00	18.515741				RATE=148.13

Description of Work Performed: Employee has resigned and moving out of state to a new employment. Last day will be 5-17-2019 at 5:00 p.m. Pay balance of Annual Leave [REDACTED]

Remarks:

If the employee is a non-U.S. citizen, verify prior to employment that the hours worked will not cause the employee to exceed work hours authorized by the work permit.

This form prepared by:
 [REDACTED] 5-15-2019
 Name Phone Date

CERTIFICATION: I have first hand knowledge of the activity described above. I certify that it is a reasonable estimate of the work performed, documented, and completed.

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