

SEWARD COUNTY COMMUNITY COLLEGE

PAYMENT REQUEST

(To be used for supplemental pay)

EMPLOYEE INFORMATION	Employee: _____ College ID Number: _____						
	Address: _____ Street Number/Route/PO Box City State Zip Code						
PAYMENT INFORMATION	Duties/Assignments Performed: _____ _____ _____						
	Beginning Date: _____ Ending Date: _____						
	Payment Amount: \$ _____ Payment Date: _____ FOAPAL: _____						
APPROVAL	<table border="1"><tr><td>SUPERVISOR:</td><td>DATE:</td></tr><tr><td>ADMINISTRATOR:</td><td>DATE:</td></tr><tr><td>PRESIDENT:</td><td>DATE:</td></tr></table>	SUPERVISOR:	DATE:	ADMINISTRATOR:	DATE:	PRESIDENT:	DATE:
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