



HUMBOLDT STATE UNIVERSITY
College of Extended Education & Global
Engagement
Osher Lifelong Learning Institute
Arcata, CA 95521

Please mail check
(circle one)
YES
NO, I would like to pick it up

TO: Payroll Office

FROM: College of Extended Education & Global Engagement

PAY PERIOD: _____ CMS: 225 292
Month Year FRS: 661 500 2363 905

Account: 6011M0 Fund: TL001 Dept: D20092 Program: P0183 Class: C1001 Project: 000000

OLLI FACULTY – PLEASE COMPLETE ONLY
THIS SECTION OF THE FACULTY PAY REQUEST

Employee's HSU ID Number: _____

Employee's Name _____

Is employee also working for another department on campus? YES NO

If yes, which department? _____

If employee has not worked on campus in the past 12 months, new personnel documents **must** be completed. If employee is currently working on campus, warrant **cannot** be mailed. If not currently working on campus, warrant will be mailed to:

Permanent Mailing Address: _____

Phone: _____ Email: _____

Employee's Signature: _____ Date: _____

THIS AREA IS FOR OFFICE USE ONLY

Number of hours: _____ Rate per hour: \$ _____ Total earnings: \$ _____

First date worked: _____ Last date worked: _____

Course Title and CRN Number: _____

Payment authorized by: _____ Date: _____