

Request for Employee Award

PAYROLL USE ONLY:

Department Requesting Award Payment:		
Department Contact Name and Phone Numb	er:	
Employee Receiving Award:		E#
Recipient Job Classification:		
Name of Award:		
Month of Payment: Note – Form must be received in the Payroll Off		the month for payment at month end.
Payment to be made from Foundation Index(Note – May use up to 3 Foundation funding sour	ces F	Amount \$ Amount \$ Amount \$ t of Payment \$
If payment is made from Foundation Unrestri centrally but will be recorded on Employees F Employee's Primary Departmental Index: E	Primary Departr	mental Index.
If payment is made from Foundation Restricton the Foundation Restricted Index. I acknowled	•	<u> </u>
APPROVALS:		
Funding Department Head Date		
Funding Dean/Director (if required)	Date	
Funding Vice President	 Date	
ETSU Foundation Accounting	 Date	
Payroll Office	Date	

Form must be received in Payroll by the 10th of the month for payment at the end of the month.