Foreign National
Nonwage Payment Form

Complete form online and print for signatures. May also be completed in ink or typed.
No photocopies or use of pencil will be processed.

Position Number: _____

New Position Number Requested: _____

Currently Employed: If Yes Current Paygroup: _____

If No Paygroup: N26
Job code: 999800

Name: _____ ID: _____

Department Name: _____

Department ID: _____

Begin Date: _____ End Date: _____

Amount to be Paid: _____

Example: Begin Date is 05/13/05 and End Date is 06/09/05, Compensation Rate is $2000.
This person will receive $4000 (covers two bi-weekly payrolls).

Use Funding Below: ☐ No Funding Change: ☐

Flat File Information: _____

Position, Deptt, start date (mmddyyy), Percent 100.000, Speedtype with Subcode

Example: 00000001 1230000000 05132005 100.000 G1734-TMPSAL

Signatures: _____ Date: _____

Department: _____ Phone: _____

Department Contact: _____

Email: _____