

SUMMER FELLOWSHIP AWARD PAYMENT REQUEST

(State Employee)

I hereby certify that the employee named below is entitled to this pay based on a stipend documentation provided by the University.
Documentation attached.

Signature (Dean or Associate Dean)

Prepared By

Date

Employee Name

CMS PSN

CMS Dept ID

CMS Emp Rec

INSTRUCTIONS:

- ITEM 3: ENTER CURRENT YEAR (e.g. 2002)
- ITEM 8-14: ENTER RECIPIENT'S EMPL ID, INITIALS, NAME, SCO (UNIT), JOB CODE
- ITEM 21: ENTER GROSS AMOUNT OF AWARD

NOTES:

Payments are issued within 5-10 working days and are **subject to federal and state taxes at the flat tax rate**. Earnings may also be subject to Medicare and Social Security.

State of California				PAY PERIOD			(4) Agency Name				(5) Batch I.D.		(7) Init						
MISCELLANEOUS PAYROLL/LEAVE ACTIONS				Type (1)	Month (2)	Year (3)	California State University, Chico				(6) Date Keyed								
				0	06						(25) Total Gross								
EMPLOYEE IDENTIFICATION				POSITION				Earning ID (15)			Alt Fund Code (18)			Gross (21)					
Empl ID (8)	Initial (9)	Name (10)		Agency (11)	SCO Unit (12)	Job Code (13)	Serial (14)				(19)	(20)							
				208			9B			1									
(22) ALTERNATE FUNDING				I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete, and in accordance with all laws and regulations.				(530) 898-6435											
LN	Code	Agency	Unit											Serial	LN	Code	Agency	Unit	Serial
1	1													934					
2																			
PAYROLL OFFICE SIGNATURE				Phone				Date											