

Lake Superior College Faculty Pay Requisition

Department/Division _____

Faculty Name _____

If new employee, requisition must be accompanied by completed New Hire Packet

Submitted By _____ Date _____

ASSIGNMENT:

Type of Assignment: If appropriate, provide course information below

- | | |
|---|--|
| <input type="checkbox"/> Substitute Payment | <input type="checkbox"/> Hourly Faculty/Non-credit courses |
| <input type="checkbox"/> Independent Study | <input type="checkbox"/> Credit Based courses |
| <input type="checkbox"/> Test Out/Credit by Experience/Internship | <input type="checkbox"/> Lump Sum (description required) |

Dates of Assignment: _____

Description: _____

Course #	Course Title	Credit	Hours	Cost Center	Course Dates	Customer
Total						

PAYMENT INFORMATION:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Per Credit Rate \$ _____ |
| <input type="checkbox"/> Time Sheet | <input type="checkbox"/> Hourly Rate \$ _____ |
| <input type="checkbox"/> Lump Sum | <input type="checkbox"/> Flat Rate \$ _____ |

Total Payment: \$ _____

Faculty Initials _____

APPROVALS:

Dean/Division Director Date

Vice-President Date

For Human Resources/Payroll Use Only:

Processed by _____ Date _____

Employee ID: _____ PCN: _____ REC#: _____

Action/Reason: _____ PPE: _____ RGL: _____