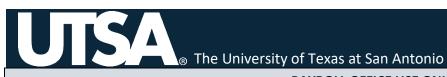# UTSA
® The University of Texas at San Antonio

SPECIAL PAYMENT REQUEST FORM

Instructions:
  (1) Complete all required fields noted, and complete either the Recurring Payment fields or One Time Amount field per row.
  (2) Submit one form for each special payment purpose.
  (3) After completing this form with the required approvals, scan and email the form to the Payroll Office: Email: payroll@utsa.edu

Note: This form should **NOT** be used to request supplemental pay. Use the Human Resource's Salary Supplemental Form, (www.utsa.edu/hr).

EMPLOYEE INFORMATION

Last Name	First Name	Department	Employee ID
Email		Job Title	Phone

DEPARTMENT CONTACT

Contact/Preparer Name	Phone	Payment Funding Authority Name	Phone

PAYMENT DESCRIPTION

Purpose:	
Special Notes:	

PAYMENT REQUEST

(*DENOTES REQUIRED)

				RECURRING PAYMENTS				
EMPL ID*	Last Name*	Position Number*	Job Title*	Effective Date	End Date	Monthly Amount	Total Amount	One-Time Amount

FUNDING INFORMATION PROCESS

Step 1. After final approval, the Payroll Office will email the budget authority, listed above, the Earning Code for payment use.

Step 2. If the special payment requires a different funding source than the funding associated to regular pay for this position, you are required to initiate a new Funding Change eForm Request to add a new funding record and include an additional line with the new funding source associated to the provided earning code, from step 1. The effective date on the eForm to add a DBT transaction should be the first of the month when the additional pay will be paid out to ensure the payment can distribute to the correct funding source.

Step 3. If the special payment is to default to the position incumbent's funding source for regular pay, you do not need to initiate a DBT change.

If you have any questions in processing this transaction, please email budget@utsa.edu.

AUTHORIZATION

Supervisor Name	Supervisor Signature	Date

UTSA
The University of Texas at San Antonio

PAYROLL OFFICE USE ONLY

Approved   Denied   By: _____   Signature: _____   Date: _____

Earning Code Assigned: _____   Contacted Funding Authority of Earning Code: _____   Date: _____

Reason or Comments: _____

(Revised: 03/25/2020)