



Individual Late Pay Form  
Positive Reporting Employee

Work-Study Student  Non-Work-Study Student  Non-Student

Employee Name \_\_\_\_\_  
(Last,First)

Employing Department Name \_\_\_\_\_

Dept ID \_\_\_\_\_

Combo Code \_\_\_\_\_

Hourly Rate \_\_\_\_\_

**Please note: If submitting additional hours, please indicate all hours worked that day.**

Time Reporting Code	*Sun	*Mon	*Tues	*Wed	*Thurs	*Fri	*Sat	*Total	Week Ending Date

\* Report hours in decimals

**If hours are 30 days or more in arrears, attach a signed letter of justification for auditing purposes.**

Authorized by:

\_\_\_\_\_  
Department Head Signature      Date

\_\_\_\_\_  
Principal Investigator Signature      Date

Prepared by \_\_\_\_\_

EEmail \_\_\_\_\_

Tel# \_\_\_\_\_

Date \_\_\_\_\_

Submit completed form to: Payroll Office, Room 325, Whitmore Administration Building.  
Fax# 413.545.0483