

# COLUMBUS STATE

COMMUNITY COLLEGE

## PAY ACTION FORM

EMPLOYEE NAME

COUGAR ID

DATE

[CLICK HERE](#) TO ACCESS COST CENTER AND SPEND CATEGORY INFORMATION

| FUND | COST CENTER NUMBER<br>OR COST CENTER NAME | SPEND<br>CATEGORY | WORKTAG TYPE<br>(if applicable) | WORKTAG NAME<br>(if applicable) | AMOUNT |
|------|---|-------------------|---------------------------------|---------------------------------|--------|
|------|---|-------------------|---------------------------------|---------------------------------|--------|

### FT SALARIED POSITION PAY: (Administrator or Staff)

EFFECTIVE DATE FOR PAYMENT:

TOTAL LUMP SUM COMPENSATION BEING PAID:

JUSTIFICATION FOR SPECIAL PAY:

**HOURLY POSITION PAY:** (Includes FT & PT Hourly Staff. Also includes Adjunct and Non-Credit who need their hours documented for the Affordable Care Act (ACA).)

SUNDAY    MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY    SATURDAY

DATE

HOURS  
WORKED

DATE

HOURS  
WORKED

DATE

HOURS  
WORKED

TOTAL HOURS WORKED

RATE OF PAY

TOTAL COMPENSATION

JUSTIFICATION FOR SPECIAL PAY

### APPROVALS

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

DIRECTOR SIGNATURE

DATE

Submit to [hrcoordinators@csc.edu](mailto:hrcoordinators@csc.edu) once approved.