

COLUMBUS STATE

COMMUNITY COLLEGE

PAY ACTION FORM

EMPLOYEE NAME

COUGAR ID

DATE

FUND	COST CENTER NUMBER OR COST CENTER NAME	SPEND CATEGORY	WORKTAG TYPE	WORKTAG NAME	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

To prevent any processing delays, all grant-funded payments must be approved by Grants Accounting and Reporting before submitting to the HR Coordinators.

GRANT ACCOUNTANT SIGNATURE DATE

Submit to hrcoordinators@csc.edu once approved.