

# PANOLA COLLEGE PAYROLL AUTHORIZATION FORM

Date: \_\_\_\_\_ Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Account No.: \_\_\_\_\_ Total Payment Amount: \$ \_\_\_\_\_

Hours Worked: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

\_\_\_\_\_ Overload Pay for Semester \_\_\_\_\_ Adjunct Pay for Semester \_\_\_\_\_

Explanation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add/Change of Deductions: \_\_\_\_\_ Medical 300 Deduction Amount \$ \_\_\_\_\_

\_\_\_\_\_ Dental 301 Deduction Amount \$ \_\_\_\_\_

\_\_\_\_\_ Optional Term Life 302 Deduction Amount \$ \_\_\_\_\_

\_\_\_\_\_ Voluntary AD & D 303 Deduction Amount \$ \_\_\_\_\_

\_\_\_\_\_ Short Term Disability 304 Deduction Amount \$ \_\_\_\_\_

\_\_\_\_\_ Long Term Disability 307 Deduction Amount \$ \_\_\_\_\_

\_\_\_\_\_ Dependant Life 305 Deduction Amount \$ \_\_\_\_\_

\_\_\_\_\_ Teacher Retirement 064

ORP \_\_\_\_\_ Amount \$ \_\_\_\_\_

TSA \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit Union deduction \$ \_\_\_\_\_ beginning \_\_\_\_\_

### ROUTING OF APPROVALS

The routing of approvals for this form must be completed before payroll entry. It is the responsibility of the person completing this form to retrieve all signatures.

1. Director, Dean, Supervisor: \_\_\_\_\_
2. Vice-President: \_\_\_\_\_
3. Business Office: \_\_\_\_\_
4. President: \_\_\_\_\_
5. HR/Payroll: \_\_\_\_\_ Payroll Entry Date: \_\_\_\_\_