Pay Cycle:

_____Monthly

_____Semi-Monthly

Late Pay Forms
(Monthly & Semimonthly Paid Employees)

Time Sheet Organization HR_____

	Employee Name	Banner ID	Period Covered	Employee Class	Position Number (include suffix)	Hours (if applicable)	Dollar Amount*
	(One Employee Per Page)						
	Reason for Late Pay:						
	____Rate Change						
	____Missed Pay						

FOAP (Funding does not need to be included on the late pay form unless it is different than the funding on the job record.)

% (Lines must equal 100%)	Fund	Org	Account	Program

Prepared by_____   Phone _____   Date_____

(Print Name)

Authorized by:_____   ☐ EPAF has been approved by ALL users

(Dean or Director Signature)

*Formula to calculate for less than a full pay period (Monthly or Semi-Monthly):   Assign salary x days worked/total work days in pay period = amount to pay
Ex. $2500 x 8 / 22= $909.09

Revised 02/2024