

SPECIAL PREMIUM PAYMENT FORM

A EMPLOYEE INFORMATION	
First Name & Initial(s)	Surname
Employee ID	Student ID
Independent Contractor (ICQ) <input type="checkbox"/> Yes (If yes, ICQ# _____) <input type="checkbox"/> No	

B PAYMENT REQUEST		
Description (attach supporting document)		
Type of Position	<input type="radio"/> Primary Position <input type="radio"/> Secondary Position	Position Code Transaction Code (if known)
Total Premium (\$)	Total No. of Hours	
GL Account (#-###-###)	Benefit Account Override	% Allocation
GL Account (#-###-###)	Benefit Account Override	% Allocation
GL Account (#-###-###)	Benefit Account Override	% Allocation
GL Account (#-###-###)	Benefit Account Override	% Allocation
Frequency		
One Time	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)
Biweekly	Start Date (dd/mm/yyyy)	Expiry Date (dd/mm/yyyy)
Monthly (only for employees on the Graduate Studies payroll)	Start Date (dd/mm/yyyy)	Expiry Date (dd/mm/yyyy)

C AUTHORIZATION				
Department	Ext.	Name	Signature	Date (dd/mm/yyyy)
Research Office (University / FHS)	Ext.	Name	Signature	Date (dd/mm/yyyy)
Finance Office (University / FHS)	Ext.	Name	Signature	Date (dd/mm/yyyy)

Obtain required signatures and submit to:
 Fax (905) 525 - 8410 Campus Services Building 202
 Grad Studies Payroll Office: Gilmour Hall Room 212