



### TUTOR SPECIAL PAYMENT

NAME:

EMPLID:

- Salary
- Sessional
- Casual
- NASA
- AUPE
- EXCL

**Program/Area: Services for Students with Disabilities**

**PAYMENT CONSISTS OF:**

Individual Tutoring: No of Hours:  x \$30.00 per Hour - \$

Group Tutoring: No. of Hours  x No. of Students  x \$22.50 per Hour - \$

Group Tutoring: No. of Hours  x No. of Students  x \$22.50 per Hour - \$

**PAYMENT TO BE CHARGED TO:**

GL Code:

PJT Code:

**PAYMENT COVERS:**

From:

To:

*I certify that the hours paid on this form have been worked entirely outside my regular working day.*

Employee Initials

Employee (Print Name):

Employee Signature:

Date:

Authorized By (Print Name):

Authorized By Signature:

Date:

**SEND TO HUMAN RESOURCES**

HR Approval:

Date: