

Self Funded Program Payment Request

Contact Information			
Name:		Email:	
Submission Date:		Phone:	Fax:
Payee's Information			
Name:		UFID:	Title:
College:		Department:	
Service Information			
Start Date:		End Date:	Total Hours Worked:
Secondary Supervisor's Name:		Secondary Supervisor's UFID:	
Choose from the following:			
New Hire to UF	Extra State Comp	Credit Course	
Current Employee	Lump Sum Payment	Non-Credit Course	
Retiree <i>(Attach Rehire Retiree Exception Form)</i>			
Services Provided			
Payment Information			
<i>HR600 on File</i>	Department ID	Flexfield	143 Fund Project ID
<i>HR600 Attached</i>			
<i>HR600 Not Required</i>			
Combo Code	Secondary Employee Record #	Earnings Amount \$	Goal Amount \$
Approvals/Signatures: <i>The above services have been completed and I authorize payment .</i>			
Department Chair (Typed):		Department Chair Signature:	
<i>Instructions: Email completed form to TNT-HR@mail.ufl.edu.</i>			