



EMPLOYEE PAYMENT AGREEMENT FORM

EMPLOYEE INFORMATION

Name: LAST FIRST MI Employee ID #: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home #: () _____ Work #: () _____ Cell #: _____

SUPERVISOR INFORMATION

Supervisor Name: _____ Title: _____

Department: _____ SSU Box Number _____

Comments _____

PAYMENT SCHEDULE

Outstanding Balance: \$ _____

Payment Start Date: _____ Payment Deadline Date: _____

Weekly Amount \$ _____ Bi-Weekly Amount \$ _____

Monthly Amount \$ _____ Other _____

AUTHORIZATION

I hereby agree to honor the above payment arrangement. If I separate from the University before the full balance has been satisfied, I understand that the remaining balance will be deducted from my final paycheck and vacation payout (if applicable). Further, if there are not sufficient funds in my final check or vacation payout, I understand that I will still be required to pay the balance.

Employee (Print Name) Employee Signature Date