



SAVANNAH STATE UNIVERSITY

Payroll Form: Student Fellowship Request



Request Number: _____

Recipient Information

Recipient Name: _____

Last Name

First Name

Employee ID Number**: _____ Social Security #: _____

If you have been assigned an ADP Employee ID Number, you **must complete this field. If this is your first time working for the University, please leave this field blank. An ADP Employee ID Number will be assigned to you after Human Resources has received **all** required forms (W-4, G-4, I-9, application, & personal data sheet). If these forms are not completed, **you will not receive your fellowship payments**. Contact Human Resource at (912)358-4194 if you have questions.**

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Type: Cell Home Work

Signature: _____ Date: _____

Supervisor Information

Name: _____

Department: _____ Extention: _____

Signature: _____ Date: _____

Fellowship Information

For up to 12 months worth of Fellowship payments
(For over 12 payments, please submit an attachment)

Start Date: _____ End Date: _____

Dept of Employment: _____ Project #: _____

Weekly Hours: _____ Total Hours: _____ Type*: _____

Monthly Rate: _____ Total Award: _____ Other*: _____

*Please Select One. If "Other" please specify above.

Fellowship Payment Schedule

	Requested Pay Date	Amount
1.		
2.		
3.		
4.		
5.		
6.		

	Requested Pay Date	Amount
7.		
8.		
9.		
10.		
11.		
12.		

Total Number of Payments _____

Total Amount of Payments _____

Budget Unit Head: _____ Date: _____

For Business & Financial Affairs and Human Resources Use ONLY

Budget Officer/Grants Office: _____ Date: _____

OneUSG Number: _____

Human Resource Officer: _____ Date: _____