



# 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: \_\_\_\_\_

ADP Number: \_\_\_\_\_

Human Resources Officer: \_\_\_\_\_ Date: \_\_\_\_\_