



# University of Central Missouri Student One-Time Payment Form

Name: \_\_\_\_\_  
Last First MI 700#

Labor Distribution: \_\_\_\_\_  
Index Fund Org Account Program Activity

Job Begin Date: \_\_\_\_\_ Job End Date: \_\_\_\_\_ One-Time Payment Amount: \_\_\_\_\_

Number of hours the employee has worked for the one-time payment: \_\_\_\_\_

Other department(s)/area(s) where student is employed on campus: \_\_\_\_\_

Please describe in detail the work conducted for the employee to receive this payment:  
If this student is being paid for an award, please just list the title of the award.

I understand that 1) a UCM student employee is normally limited to no more than a total of 20 hours per week, 2) an international student (F-1 or J-1) may NOT, under any circumstances, work more than 20 hours per week during any period of enrollment, 3) I am responsible for accurately monitoring and reporting the employment hours earned by the above student, 4) This paperwork is honest and accurate and does not depict inaccurate information or falsify UCM documents.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Chair/Director/Dean Signature: \_\_\_\_\_

Comments:

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HR Section:

Number of credit hours student is currently enrolled in for the current semester: \_\_\_\_\_ Semester: \_\_\_\_\_

Banner start date: \_\_\_\_\_ Banner end date: \_\_\_\_\_ Payment Date: \_\_\_\_\_

PHICHECK: \_\_\_\_\_

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_