

# Activity Pay Form

**Purpose of this Form:** To request an activity pay. Requests for faculty or staff should be directed to your [HR generalist](#). Requests for student workers should be directed to your department's designated student transaction initiator. For additional information on how to use activity pay, refer to the [Compensation or Activity Pay guidance documents](#).

**Requestor Information**

Name: \_\_\_\_\_ Andrew ID: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Payment Recipient Detail**

Employee Name: \_\_\_\_\_ Andrew ID: \_\_\_\_\_  
 Supervisory Org: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_  
 Position: \_\_\_\_\_ Academic Period: \_\_\_\_\_

**Activity Pay Details**

Activity Pay Reason: \_\_\_\_\_ Activity Start Date: \_\_\_\_\_ Activity End Date: \_\_\_\_\_  
 Unit Quantity: \_\_\_\_\_ Payment Start Date: \_\_\_\_\_ Payment End Date: \_\_\_\_\_  
 Assigned Unit Rate: \_\_\_\_\_  
 SPA Approval Needed: \_\_\_\_\_ Currency: \_\_\_\_\_ Amount\*: \_\_\_\_\_  
 Comments: \_\_\_\_\_

*\*Threshold approval necessary for activity payments in excess of \$30,000.*

**Charging Instructions**

GL AMT OR %	FUNDING	FUNCTION	ACTIVITY	COST CTR (ORG)	BUS UNIT (ENTITY)

GA AMT OR %	PROJECT	TASK	AWARD	EXPENDITURE ORG

**Requesting Organization Approvers (Standard Approval Flow)**

The employee's primary position's approvers will review this transaction. If the employee does not hold a position in your organization, please supply the correct approvers from your department who should approve this transaction before it is paid.

\_\_\_\_\_  
 Manager

\_\_\_\_\_  
 Financial Approver

\_\_\_\_\_  
 Manager's Manager

\_\_\_\_\_  
 ALG Member

\_\_\_\_\_  
 Human Resources Manager

\_\_\_\_\_  
 Threshold Approver

For faculty or staff - Submit completed form to your [HR generalist](#).  
 For student workers - Submit completed form to your department's designated student transaction initiator.