



**OLD DOMINION UNIVERSITY  
PAYROLL STUDENT AWARD PAYMENT FORM**

*Submit this form with original signatures; Keep a copy for your records*

**Instructions:** This form may be used to compensate new and existing student employees (Undergraduate & Graduate) for Awards or Award Recognition payments **only**. **\*\*This form replaces the memorandum format\*\***

A. PAYEE INFORMATION			
Organization/Department:	Budget Code:	Sub-Object Code: <b>4034</b>	Today's Date:
Last Name:	First Name:	University Identification Number (UIN):	Effective Pay Date:
Residency Status: <input type="checkbox"/> Citizen (C) <input type="checkbox"/> Permanent Resident (P) <input type="checkbox"/> Non-Resident Alien (N)	Type of Student: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	Award Amount :  \$ _____	Gross Up Payment Indicator:  <input type="checkbox"/> Yes, Gross Up <input type="checkbox"/> No, Do Not Gross Up
	I-9 Employment Eligibility  <input type="checkbox"/> New I-9 Attached <input type="checkbox"/> I-9 on File with Payroll		

**C. PAYMENT DETAILS:** (Please provide detailed information regarding the Award payment)


**D. APPROVING SIGNATURES** (My signature certifies that this employee has completed an I-9 form and all applicable documentation)

PRINTED NAME OF BUD, DEAN, OR DIRECTOR	SIGNATURE	DATE

**\*\*\* PAYROLL OFFICE USE ONLY \*\*\***

<u>Payroll Approval</u>	<u>Payroll Processing Area</u>	<u>Student Employment Area</u>	
		<u>New Employee:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>I-9 Employment Eligibility</u> <input type="checkbox"/> New I-9 <input type="checkbox"/> I-9 on File Received
SIGNATURE	PROCESSED BY	EFFECTIVE PAY PERIOD:	EFF. PAYROLL NUMBER:
DATE	DATE	POSITION NUMBER ASSIGNED:	
NOTES:	NOTES:	PROCESSED BY:	
		DATE PROCESSED:	