

**Moody Bible Institute  
Employee Supplemental Pay**

Employee's Name: \_\_\_\_\_

Date \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_

Full Time Employee _____ Part Time Employee _____
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Reason For Payment: \_\_\_\_\_

Comments: \_\_\_\_\_

Total Payment Amount: \_\_\_\_\_

Hours Worked: \_\_\_\_\_ (If Applicable)

Hourly Rate: \_\_\_\_\_ (If Applicable)

Department To Be Charged: \_\_\_\_\_

Account Number: \_\_\_\_\_  
(**MUST** Be A Payroll Account Number)

<u>Payroll Use Only</u>
Emp. Dept _____
Pay Code _____
Personnel Approval: _____

Signature of Employee \_\_\_\_\_

Department Approval \_\_\_\_\_

***Please fill in all information as it is available. Complete only what applies to your situation. This form is to be used exclusively for all employee supplemental pays. Record payment by the hour and rate or by a flat amount.***