

The University of Akron  
One-Time Payment

This form should be used when you are giving a one-time payment to a student that is not an existing GA  
(\*\*Must be submitted prior to the start date of the payment\*\*)

Date: \_\_\_\_\_ EMPLID# \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The appointee is designated as a:

Check one: Domestic Student International Student

Check one: Master's Level Doctoral Level

Check one: Teaching Assistant –Oral English Proficiency demonstrated by:

Departmental Assessment TOEFL UADEPT IELTS

Research Asst. Administrative Assistant Fellow (non-service)

In the Department/Area of \_\_\_\_\_ Account Code \_\_\_\_\_

Single Payment of \$ \_\_\_\_\_ for the period below:

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Describe the duties for which this one-time payment is requested:

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\_\_\_\_\_ Date \_\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_\_

*Appointee* \_\_\_\_\_ *Chair/Director of Appointee's Academic Department*

\_\_\_\_\_ Date \_\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_\_

*Head of Service Dept. or Grant Director* \_\_\_\_\_ *Controller's Office (if paid by a grant account)*

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APPROVALS:

\_\_\_\_\_ Date \_\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_\_

*Graduate School Approval*

*Approved by Board of Trustees*

*\*\*should a request to back pay a student be submitted, a rationale statement must be attached to the form indicating why this request was not submitted prior to the work being done. If approval of this request is not granted, this form will be returned to the department marked "denied".*

