



Payroll Department
 322 Administration Building
 Tel: 419-372-2201 Fax: 419-372-8600

STUDENT BI-WEEKLY COMPENSATION FORM FOR COMMISSION - ADDENDUM

This form is used for changing a commission amount (increase, decrease, or one-time payment) for a student employee.

Submit this form to: Payroll Department
 322 Administration Building
 Bowling Green, Ohio 43403

Section A: Employee Information

Empl ID:

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 Empl Record:

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("P" is replaced by a zero for the payroll system.)

Student Name: _____
First Middle Last

Dept. ID:

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 Dept. Name: _____

Dept. Cost Center:

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 Hire Code:

S					
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Section B: Payment

Requested Pay Date (Based on pay schedule): _____ / _____ / _____ (MM/DD/YY)

Payment Amount: \$ _____ For Pay Period: _____

 Supervisor's Name (Print)

 Supervisor's Signature

 Date Signed

If you have questions, contact the Payroll Department: 419-372-2201.