OLD DOMINION UNIVERSITY
PAYROLL STUDENT AWARD PAYMENT FORM

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:** 4034	**Today's Date:**
Last Name:	**First Name:**	**University Identification Number (UIN):**	**Effective Pay Date:**
Residency Status: ❑ Citizen (C) ❑ Permanent Resident (P) ❑ Non-Resident Alien (N)	**Type of Student:** ❑ Undergraduate ❑ Graduate **I-9 Employment Eligibility** ❑ New I-9 Attached ❑ I-9 on File with Payroll	**Award Amount :** $_____	**Gross Up Payment Indicator:** ❑ Yes, Gross Up ❑ No, Do Not Gross Up

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 *****

Payroll Approval	**Payroll Processing Area**	**Student Employment Area**	
		New Employee: ❑ Yes ❑ No	**I-9 Employment Eligibility** ❑ New I-9 ❑ 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:	