



# University of Waterloo One Time Payment Request

This form is used for making one time payments to existing employees, or third parties who are already active in Workday for whom a one time payment hire cannot be initiated. Where an employee is to be paid for **additional hours worked**, the hours should be entered using **Workday Time Tracking**.

## ISSUING DEPARTMENT INFORMATION

Name of Department Contact:

Phone Extension:

Supervisory Org:

Supervisory Org Number:

## PAYEE INFORMATION

First Name:

Last Name:

Employee ID:

**PAYMENT TYPE** - Only include one payment type per form per payee  
Payment type definitions and additional details can be found on the HR website under

Payment is to an existing employee

Payment is to a non employee (third party, student) who already exists in Workday and is currently active (status is not "terminated"); or for one of the payment types in bold which are not available through the One Time Payment hire process.

AMOUNT

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Faculty Research Consulting (50040)

Award (60230)

Internal Guest Lecturer/Speaker (60230)

**Fee for Service (60140) - attach invoice**

Internal Honorarium (60230)

External Guest Lecturer/Speaker (60140)

Internal Prize (60230)

External Honorarium (60230) - \$500 max

Internal Reviewer/Examiner/Assessor (60230)

**Living Allowance (60670)**

Other

External Prize (60230)

Research Participant Payment (60340) External

Reviewer/Examiner/Assessor (60230)

**Royalties (60440)**

**Other**

DESCRIPTION OF WORK/SERVICE PERFORMED, including dates (or attach supporting documentation):

One time payments submitted on this form do not go through an approval process in Workday. If any research work orders in Fund 105 are being charged, a Research Financial Compliance & Eligibility stamp is required

For audit purposes, please keep a copy of the approved form for departmental records. Submit the completed original to Human Resources, Payroll in EC1

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	WORK ORDER	ACTIVITY	AMOUNT
<b>AUTHORIZATION:</b>			
Name		Signature	DATE

	-		
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<b>AUTHORIZATION:</b>			
Name		Signature	DATE