



University of Waterloo One Time Payment Request

INSTRUCTIONS

- Use this form to make one-time payments to existing employees, or for payment types which are not available through the [One Time Payment hire process](#)
- Please download and complete this form using Adobe Acrobat
- Sign and submit the completed form to Payroll@uwaterloo.ca. To electronically sign the form, you will need to download and save it.
- Required fields are those designated with a red perimeter or an asterisk *****

NOTES

- Reference the [Payment Types Chart \(PDF\)](#) for definitions of one-time payment types and processing methods (Workday vs. paper form).
- Where an employee is to be paid for **hours worked**, the hours should be entered using **Workday Time Tracking**. Reference the [Hiring Chart \(PDF\)](#) for employee type definitions.
- For more information, please review [One Time Payment Request Form Instructions](#) located on the HR Forms site.
- This form is used to make one-time payments to employees who are residents of Canada. If you are looking to pay someone who is not a resident of Canada or work was conducted outside of Canada, please use the [Foreign Fund Request Form](#).

ISSUING DEPARTMENT INFORMATION

*Name of Department Contact:

Phone Extension:

*Supervisory Organization:

*Organization ID: SUPORG

PAYEE INFORMATION

*Legal First Name:

*Last Name:

Employee ID:

***PAYMENT TYPE** - Only include one payment type per form per payee. Reference the [Payment Types Chart \(PDF\)](#) for the definitions.

Payment to an Existing Employee

AMOUNT

Payment to a Non Employee

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

AMOUNT

***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.

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

WORK ORDER

ACTIVITY

AMOUNT

AUTHORIZATION:

Name

Signature

Date

WORK ORDER

ACTIVITY

AMOUNT

AUTHORIZATION:

Name

Signature

Date