

## **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

**ISSUING DEPARTMENT INFORMATION** 

- · 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.

*Name of Department Con	tact:		Phone Extension:	
*Supervisory Organization:			*Organization ID: SUPORG	
PAYEE INFORMATION	ı			
*Legal First Name:		*Last Name:	Employe	ee ID:
*PAYMENT TYPE - Only	include one payment typ	e per form per payee. Reference	the Payment Types Chart (PDF) for the definitions.	
Payment to an Existing Employee  AMOUNT		96	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):				
	Rese	earch Financial Compliance & Eli	n Workday. If any research work orders in Fund 105 igibility stamp is required rds. Submit the completed original to Human Reson	
	WORK ORDER	ACTIVITY	AMOUNT	
AUTHORIZATION: Name		Signature		Date
	WORK ORDER	ACTIVITY	AMOUNT	
AUTHORIZATION: Name		Signature		Date
			HR Payroll form - V 01	Last revision: Nov 2022