



Marquette University
Salary Verification Form
Staff/Student salary payment request

Emp to be paid:

Department:

PI on Grant:

Bi-weekly (Staff)

Hourly (Students)

Other

Salary information for individual

(Exempt Employee): Amount / Month

(Hourly/Bi-weekly): hourly Rate

Hours/Week

Total Amount:

ACCOUNT INFORMATION FOR SALARY (PAYROLL SCHEDULE FOUND ON PAYROLL WEB PAGE:
<https://www.marquette.edu/comptroller/payroll.shtml>)

Fund	RC	Restr	Natural	Start date	End date	Dollar amount
-	-	-				
-	-	-				
-	-	-				
-	-	-				

Indicate your approval by signing (electronic or other) and dating this form. To ensure your salary authorization is processed in time for the appropriate payroll period return this form to your Business Manager/Director.

Form due by:

PI /Authorized Signature:

Date (mm/dd/yyyy):

Comments/Additional Information for this salary authorization request:

-----College Use Only-----

Budget Spreadsheet

SA Spreadsheet

Budgeted (mm/dd/yy)

Submitted Copy to ORSP /Budget

Costing completed (mm/dd/yy)