

OLD DOMINION UNIVERSITY  
 PAYROLL STUDENT EMPLOYMENT  
 ONE TIME SPECIAL PAYMENT FORM ( 63  
 Keep a copy for your U H F R U G V

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ALL INFORMATION SHOULD BE TYPE WRITTEN

A. PAYEE INFORMATION			
Organization/Department :	Budget Code:	Sub-Object Code:	BANNER Position #:
Last Name:	First Name:	University Identification Number (UIN):	Type of Student : <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate