



**Department of University Recreation
Unit Pay**

Employee Name: _____ Employee ID _____

UA ID _____ Date _____

Wage Rate: _____ Sequence Code _____ Dept _____

Event Description:

Date	Unit Value	# of Units	Total
Grand Total:			

Form is not complete without description and supervisor signature.

Supervisor _____

Employee _____

Office Use Only:

Basis Updated: _____

Initials: _____