

Student Union 428, New Paltz, NY 12561 • 845-257-3070

Name _____

Permanent Home Mailing address _____

Name of Organization _____

Account Number _____

Type of work _____

NEW EMPLOYEE Please check here and attach W-4 and I-9 forms.
 Please keep mailing address current so you will receive your W-2.

DATE	DAY	IN	OUT	IN	OUT	TOTAL HOURS
	Saturday					
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Total Hours _____ @ \$ _____ /hour = \$ _____

or flat rate \$ _____

ACCRUAL SUMMARY - CONTRACT EMPLOYEES ONLY

	ANNUAL LEAVE	SICK LEAVE
Balance brought forward		
Charges this period		
SUB-TOTAL		
Credits earned this period		
BALANCE CARRIED FORWARD		

Payee Signature _____

Date _____

Supervisor or Treasurer Signature _____

Date _____

VP for Finance Signature _____

Date _____

Fiscal Designee Signature _____

Date _____

ACCOMMODATIONS

Please provide competitive prices. Please refer to the vendor listing at www.newpaltzsa.com

1. Where will you be staying? _____
2. How many people will be accommodated? _____
3. How many days will they be accommodated? _____
5. Does the hotel accept purchase orders?
 Yes If yes, you must attach a requisition form.
 No If no, what will method of payment be? _____

TRANSPORTATION

The SA uses Enterprise for car rentals.

1. How many people will be transported? _____
2. What type of transportation will be provided? _____
3. Have you attached a request for a car rental?

FOR SAPB USE ONLY

- Approved
- Approved with stipulations below
- Disapproved because
- Resubmit because

SAPB Chair _____