

**SPELMAN COLLEGE  
GENERAL COLLEGE STUDENT PAYROLL ACTION FORM**

**DEPARTMENT:** \_\_\_\_\_

**PROGRAM/PROJECT:** \_\_\_\_\_

NAME OF STUDENT(S)	SSN	JOB TITLE	START DATE	END DATE	PAY RATE PER HOUR	HOURS PER WEEK	BUDGET CODE

**APPROVALS**

**Recommended by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**VP/Provost/President:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Director of Human Resources:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**VP for Business and Financial Affairs:** \_\_\_\_\_

**Date:** \_\_\_\_\_