

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](http://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 \_\_\_\_\_