

**The University of Tennessee at Martin
Maymester Payroll**

Department _____
Pay Date _____

Department Chair Approval _____
Dean Approval _____
Date Submitted _____

Round off to the nearest whole dollar.

Employee Name (Last, First)	Adjunct (Adj), or Overload (OL)	Responsible Cost Center	CRN Number	Discipline and Course Number	Section Number	Number Course Credit Hours	Number Enrolled	Cost Center or WBS to Charge	Total To Be Paid
<i>Doe, John A.</i>	<i>Adj</i>	<i>E050000</i>	<i>12345</i>	<i>Math 101</i>	<i>003</i>	<i>4</i>	<i>15</i>	<i>E050001</i>	<i>\$1,850.00</i>

Total to be Paid _____
Total Hours Taught _____

