

UC ANR ACADEMIC HUMAN RESOURCES (AHR) Honorarium Request Form (One-Time Payment)

Appointee's Name: _____ Employee ID#: _____

ANR Unit: _____

Date of Service: _____ Pay Period End Date: _____

Rank and Step at UC: _____

Honorarium Amount: _____

Source of Funding:

Description of fund source: _____

Account/Subaccount#/Project Code): _____

Reason for request: Please describe appointee's contribution/participation in an academic activity.

Reviewed by:

Name of Requestor Signature Date

Director Signature Date

BOC/ Other Responsible Financial Officer Signature Date
(for fund verification only)

Academic HR Manager Signature Date

Vice Provost Signature Date

Approved by:

Associate Vice President Signature Date