



Training Grant Payment Form

This form is used for Training Grant payments to be paid bi-weekly via Payroll Services.

Department Information

Department Name:

Contact Name:

Contact Email:

Contact Phone:

Payee Information

First Name:

Middle:

Last Name:

EMPLID:

Employee Record*:

**If the student is not set up in OMNI HR, leave this field blank.*

Comments:

Additional/One Time Pay Amount

Funding Info:

Pay Period Amount:

Goal Amount:

Begin Date: ____ / ____ / ____
MM DD YY

Approval Signatures

Principal Investigator Signature

SRA Signature

PI Signature Date

SRA Signature Date

Submit completed form along with a completed [Direct Deposit Form](#) via a SF case routed as follows:

- > What do you need help with?: Payroll Taxes
- > Subject: Training Grant Payment

Note: Multiple Training Grant Payment forms may be submitted per SF case.