

STATE OF HAWAII AUTHORIZATION TO PAY INDIVIDUAL (NON-EMPLOYEE)

DEPARTMENT	SUB-DIVISION OR SCHOOL	PAYROLL	
		NO.	DIST. CODE

SOCIAL SECURITY NUMBER	NAME (CAPS) LAST, FIRST, MI (not more than 22 characters)
ADDRESS	NUMBER AND STREET
	CITY, STATE, ZIP CODE

MARITAL STATUS		TAX EXEMPTIONS		RETIREMENT CODE		FICA code: E for State Retirees or S for Non-Retirees
<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	FEDERAL	STATE	GROUP	FICA	
				N		

EFFECTIVE DATE: _____ NOT TO EXCEED DATE: _____

PAY RATE: HOURLY _____ OR DAILY _____ OR MONTHLY _____

UNIFORM ACCOUNTING CODE								
F	YR	APP	D	S/D	OBJECT	FUNCTION	LOC	PROJECT

COMMENTS:

AUTHORIZED BY:

_____ DATE

_____ SIGNATURE

_____ PRINT NAME AND TITLE