

**Middle Tennessee State University  
Human Resource Services  
Flat Rate Employee Hour Verification**

This form should be attached to any one-time payment or flat rate payment PAF or PEF for non-benefited employees.

**PLEASE PRINT:**

Employee Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Department of Hire: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Monthly Flat Rate to be Paid: \$\_\_\_\_\_

Hour commitment expected for above monthly pay: \_\_\_\_\_  
(number of hours per month expected to be worked by the employee)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department Head Signature