

**TOWSON UNIVERSITY  
FACULTY/CONTINGENT FLAT RATE PAYMENTS**

**SS# or EMPL#** \_\_\_\_\_ **Department Name** \_\_\_\_\_

\_\_\_\_\_  
**DATE/SEMESTER**

**NAME** \_\_\_\_\_ **Dept Funding or Grant #** \_\_\_\_\_

**REGULAR** \_\_\_\_\_  
**CONTINGENT** \_\_\_\_\_

Payroll #	Dollar Amount	Payroll #	Dollar Amount	Payroll #	Dollar Amount
01		10		19	
02		11		20	
03		12		21	
04		13		22	
05		14		23	
06		15		24	
07		16		25	
08		17		26	
09		18			

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Assignment Description \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature