



**WEBER STATE UNIVERSITY**  
 3850 Dixon Parkway Department 1014  
 Ogden, UT 84408-1014  
 Phone: (801) 626-6606 Fax: (801) 626-7464

<b>Accounting Services</b>
Document number:
Date:

**Waiver of Income Request and Transfer Form**  
 (Must be completed prior to performing services)

<b>I: Department providing income must complete this section</b>			
Employee Name:		W#:	
Semester or Date(s) of Service/Award:			
<b>Income Source (Check one and describe)</b>			
<input type="checkbox"/> Teaching (Course number)			
<input type="checkbox"/> Presentation			
<input type="checkbox"/> Prize/Award			
<input type="checkbox"/> Other			
Income amount: \$		Benefits amount (22%) if applicable: \$	
<b>Fund to transfer from (description)</b>			
Index (Old FRS Account)	Fund	Orgn	Account: 72750 Waiver of Income
<b>Authorized Signature:</b>		<b>Date:</b>	
<b>II: Employee waiving income must complete this section</b>			
In lieu of compensation for the income source listed above, I request the funds be transferred to:			
<b>College or gift fund to transfer to (description)</b>			
Index (Old FRS Account)	Fund	Orgn	Account: 72750 Waiver of Income
I realize that this is waived income and that I have no control over how the funds are allocated. It is not expected that I will benefit directly from the use of the funds. I am not entitled to receive a gift receipt.			
<b>Signature of Employee:</b>		<b>Date:</b>	

Accounting Services approval: \_\_\_\_\_ Date: \_\_\_\_\_