

CWRU Continuing Medical Education Honorarium Information Form

Name of CME Activity: _____

CID# _____ Date of Program _____

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Please Print

Name: _____ Social Security No.: _____

Home Mailing Address: _____

City, State, Zip: _____

Phone No: _____ Email or Fax No: _____

READ CAREFULLY and fill out the form completely according to one of the following options:

1. If you are an **employee** of Case Western Reserve University, you **must** fill in your Employee Number. Your payment can not be processed without this number even if you have received an honorarium in the past.

EMPLOYEE NUMBER _____

Effective January 1, 2005, the employee number is a computer-generated identification number created in PeopleSoft payroll system. It can be found by logging on to the PeopleSoft system at www.case.edu/erp/hcm. On the Menu Box, under PeopleTools, click "Confidentiality Agreement", scroll down to the bottom to find your employee number. Your payment will be added to your paycheck and automatically deposited.

2. If you are a **non-employee** of Case Western Reserve University, your Social Security Number is needed. If not, your payment cannot be processed.

SOCIAL SECURITY NUMBER _____

3. If you are a non-employee of Case Western Reserve University, and want the check payable to a **company/organization**, please request a Vendor Supply Form and a W-9. If these forms are not filled out, payment can not be processed and it will cause severe delay in receiving funds.

Remember to fill out the form completely according to one of the above options or payment will be delayed.

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If you have any questions, please feel free to contact us at:

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