

PAYROLL FORM

Last Name (Name as on SS card)		First Name		Middle Name		ID #		Social Security/National ID		Payroll Specialist # / Name					
Position Dept # / Department Name				Contact Name, Phone and email & dept if different from position											
Job Code# /Job Code Description		<input type="checkbox"/> CUN <input type="checkbox"/> Exception Hourly <input type="checkbox"/> Hourly <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified		<input type="checkbox"/> CUX <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input type="checkbox"/> FY Faculty Salaried		<input type="checkbox"/> LFC Unclass. Salaried AYFaculty		<input type="checkbox"/> STN <input type="checkbox"/> Hourly <input type="checkbox"/> Exception Hourly Unclassified		<input type="checkbox"/> STX Unclassified Salaried		Standard Hrs MON TUE WED THR FRI SAT SUN		Payroll/Staff Benefits/Human Resources Use Only Payroll Staff Benefits Human Resources	
<input type="checkbox"/> Regular <input type="checkbox"/> Temporary															
Trxn Date (Appt/ Pos/ Fund)	Funding End Date (budget purpose only)	Position #	Grade/ Step	Comp Rate	Account Code				Pool (if applicable)		Funding Split	Appointment Total	Transaction Comments (If you have updates to fields on HRSA that are not included on this form, please indicate in this column.)		
					Cost Center XXXXXXX	Fund	Project/ Grant	Scenario (for use w/ funds 720,725,8XX)	Dept # XXXXXXX	Pool ID					

Chairperson/Principal Investigator _____ Date _____

Unit Director/Dean _____ Date _____

Asst/Assoc Provost; Provost; Univ Dir; Vice Chanc _____ Date _____