

HR/Pay Transaction Form

Name as on SS Card Last Name		First Name		Middle		HR/Pay ID# or last 4 digits of SSN		Payroll									
SCHWARTZ		IRIS		BLUE		1114444											
HR Dept# 7 digit		Position Department Name		Contact Name, Phone and Email & Dept - if different from position dept. name.													
8100010		HOUSING OFFICE ADMIN		JAN 4-9999 JHAWKJONES@KU.EDU													
Job Code# /Job Code Description		<input type="checkbox"/> CUN		<input type="checkbox"/> CUX		<input type="checkbox"/> LFC		<input type="checkbox"/> STX									
0S9900 STDNT HRLY		<input type="checkbox"/> Uncl Prof Staff <input type="checkbox"/> Univ. Support Stf <input type="checkbox"/> Other		<input type="checkbox"/> Uncl Prof Staff <input type="checkbox"/> Univ Suppt Staff <input type="checkbox"/> Other		<input type="checkbox"/> Faculty <input type="checkbox"/> Acad Staff <input type="checkbox"/> Other		<input type="checkbox"/> Salaried Temp. Student 14 day <input type="checkbox"/> Salaried Temp. Student 10 day <input checked="" type="checkbox"/> STN Hourly Temp. Student									
		<input type="checkbox"/> Hourly <input type="checkbox"/> Exception Hourly <input type="checkbox"/> Temporary <input type="checkbox"/> Regular		<input type="checkbox"/> Temporary <input type="checkbox"/> Regular Salaried		<input type="checkbox"/> Temporary <input type="checkbox"/> Regular Salaried		Standard Hrs Per Week 30.00 Monday Tuesday Wednesday Thursday Friday Saturday Sunday Total Wkly Hours 0.00									
Trxn Date (Appt/Pos/Fund) MM/DD/YY		Funding End Date (budget purpose only-not entered)		Position #		Comp. Rate		Account Code		Pool (if applicable)		Funding Split %		Total Appointment		Transaction Comments	
01/01/07				222555		7.500000		8100010 003		8100010 S01		100.000				MODIFY POSITION TO NON WORKSTUDY POOL	

Chairperson/Principal Investigator _____ Date _____

Unit Director/Dean _____ Date _____

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