

HR/Pay Transaction Form

Name as on SS Card Last Name			First Name			Middle			HR/Pay ID# or last 4 digits of SSN		Payroll		
DWARF			SLEEPY			ZZZ			1105890				
HR Dept# 7 digit		Position Department Name			Contact Name, Phone and Email & Dept - if different from position dept. name.								
2115000		ENGLISH			MULAN 4-7482 MPRINCESS@KU.EDU						Standard Hrs Per Week 20.00		
Job Code# /Job Code Description		<input type="checkbox"/> CUN		<input type="checkbox"/> CUX		<input type="checkbox"/> LFC		<input checked="" type="checkbox"/> STX		Monday		HR/EO Benefits	
0S1000 GRADUATE TEACHING ASSISTANT		<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		Salaried Temp. Student 14 day		Tuesday			
		<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		<input type="checkbox"/> Temporary <input type="checkbox"/> Regular		Salaried Temp. Student 10 day		Wednesday			
				Salaried		Salaried		<input type="checkbox"/> SRX		Thursday		HR/EO	
								<input type="checkbox"/> STN		Friday			
								Hourly Temp. Student		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 (If you have updates to fields in the HR/Pay system that are not included on this form, please indicate in this column.)		
				DeptID/Org 7 digits	Fund	Project/Scenario (grant or reimbursable)	HR/Position Dept. # 7 digits	Pool ID					
05/14/07		205099	750.000000	2115200	099		2115000	T10	100.000	160.71	FUNDING CHANGE FOR BALANCE OF SEMESTER		
05/17/07		205099									TERMINATE - END OF TEMPORARY		

Chairperson/Principal Investigator _____ Date _____

Unit Director/Dean _____ Date _____

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