

HR/Pay Transaction Form

Name as on SS Card Last Name		First Name		Middle		HR/Pay ID# or last 4 digits of SSN		Payroll			
MOUSE		MICKEY		D		1106785					
HR Dept# 7 digit		Position Department Name		Contact Name, Phone and Email & Dept - if different from position dept. name.							
8100010		HOUSING OFFICE ADMIN		BARBIE 4-7482 BDOLL@KU.EDU							
Job Code# /Job Code Description		<input type="checkbox"/> CUN <input type="checkbox"/> Uncl Prof Staff <input type="checkbox"/> Univ. Support Stf <input type="checkbox"/> Other <input type="checkbox"/> Hourly <input type="checkbox"/> Exception Hourly <input type="checkbox"/> Temporary <input type="checkbox"/> Regular		<input checked="" type="checkbox"/> CUX <input checked="" type="checkbox"/> Uncl Prof Staff <input type="checkbox"/> Univ Suppt Staff <input type="checkbox"/> Other <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Regular Salaried		<input type="checkbox"/> LFC <input type="checkbox"/> Faculty <input type="checkbox"/> Acad Staff <input type="checkbox"/> Other <input type="checkbox"/> Temporary <input type="checkbox"/> Regular Salaried		<input type="checkbox"/> STX Salaried Temp. Student 14 day <input type="checkbox"/> SRX Salaried Temp. Student 10 day <input type="checkbox"/> STN Hourly Temp. Student		Standard Hrs Per Week 30.00 Monday 6.00 Tuesday 6.00 Wednesday 6.00 Thursday 6.00 Friday 6.00 Saturday Sunday Total Wkly Hours 30.00	
012700 ASSOCIATE DIRECTOR								HR/EO Benefits			
								HR/EO			
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
				DeptID/Org 7 digits	Fund	Project/Scenario (grant or reimbursable)	HR/Position Dept. # 7 digits	Pool ID			(If you have updates to fields in the HR/Pay system that are not included on this form, please indicate in this column.)
07/02/06		105026	925.009615	8100020	003				50.000	11562.62	REDUCING FROM 40 TO 30 STANDARD HRS & FUNDING CHANGE
				8100010	730				50.000	11562.62	
06/17/07		105026	925.009615	8100010	003				100.000		CHANGE FUNDING
											*Fulltime rate is 1233.346154

Chairperson/Principal Investigator _____ Date _____

Unit Director/Dean _____ Date _____

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