

HR/Pay Transaction Form

Name as on SS Card Last Name		First Name		Middle		HR/Pay ID# or last 4 digits of SSN		Payroll			
CRANE		ICABOD		X		1008967					
HR Dept# 7 digit	Position Department Name		Contact Name, Phone and Email & Dept - if different from position dept. name.								
2112000	CHEMISTRY		TIMON 4-7482 TCAT@KU								
						Standard Hrs Per Week	40.00				
Job Code# /Job Code Description									HR/EO Benefits		
022500	ASSOCIATE PROFESSOR	<input type="checkbox"/> CUN <input type="checkbox"/> Uncl Prof Staff <input type="checkbox"/> Univ. Support Stf <input type="checkbox"/> Other	<input type="checkbox"/> CUX <input type="checkbox"/> Uncl Prof Staff <input type="checkbox"/> Univ Suppt Staff <input type="checkbox"/> Other	<input checked="" type="checkbox"/> LFC <input checked="" type="checkbox"/> Faculty <input type="checkbox"/> Acad Staff <input type="checkbox"/> Other	<input type="checkbox"/> STX Salaried Temp. Student 14 day		Monday				
		<input type="checkbox"/> Hourly <input type="checkbox"/> Exception Hourly	<input type="checkbox"/> Temporary <input type="checkbox"/> Regular	<input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Regular	<input type="checkbox"/> SRX Salaried Temp. Student 10 day		Tuesday				
		<input type="checkbox"/> Temporary <input type="checkbox"/> Regular	Salaried	Salaried	<input type="checkbox"/> STN Hourly Temp. Student		Wednesday				
							Thursday				
							Friday		HR/EO		
							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			
01/07/07		205432	4,000.000000	2112100	099				75.000		MODIFY FUNDING
				2112330	706	498601			25.000		
05/17/07		205432	4,000.000000	2112100	099				100.000		MODIFY FUNDING, PLEASE BACK ON SUMMER LEAVE W/BENEFITS
											*on AY faculty appts you must indicate - to place on or return to summer
											leave with benefits.

Chairperson/Principal Investigator _____ Date _____

Unit Director/Dean _____ Date _____

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