

HR/Pay Transaction Form

Name as on SS Card Last Name		First Name		Middle		HR/Pay ID# or last 4 digits of SSN		Payroll									
DOG		GOOFY		T		1115555											
HR Dept# 7 digit		Position Department Name		Contact Name, Phone and Email & Dept - if different from position dept. name.													
2106000		BIOLOGICAL SCIENCES		GERDIE/NHM&BDRC 4-7482 GGOOD@KU.EDU													
Job Code# /Job Code Description		<input type="checkbox"/> CUN		<input checked="" type="checkbox"/> CUX		<input type="checkbox"/> LFC		<input type="checkbox"/> STX									
025803 PROFESSOR/SENIOR CURATOR		<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 checked="" type="checkbox"/> Other		<input type="checkbox"/> Faculty <input type="checkbox"/> Acad Staff <input type="checkbox"/> Other		Salaried Temp. Student 14 day <input type="checkbox"/> SRX Salaried Temp. Student 10 day <input 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 checked="" type="checkbox"/> Regular Salaried		<input type="checkbox"/> Temporary <input type="checkbox"/> Regular Salaried		Standard Hrs Per Week 40.00 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	
12/10/06				200888		3,800.000000		2454100 003				50.000				MODIFY FUNDING SPLIT	
								2106000 003				50.000					

Chairperson/Principal Investigator _____ Date _____

Unit Director/Dean _____ Date _____

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