CLEAR FORM

# COLLEGE OF HEALTH SCIENCES
## REQUEST FOR PAYROLL AUTHORIZATION

____ NEW HIRE ____ CONTINUATION ____ RE-EMPLOY ____ ADDITIONAL ASSIGNMENT
____ REINSTATEMENT ____ PROMOTION ____ END ASSIGNMENT ____ LEAVE OF ABSENCE
____ TRANSFER ____ OVERLOAD ____ CHANGE ACCOUNT NUMBER ____ SALARY ADJUSTMENT

## PERSONAL DATA

NAME _____
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

DATE OF BIRTH _____ HEW CLASS _____ MARITAL STATUS: ( ) SINGLE ( ) MARRIED

SEX: ( ) MALE ( ) FEMALE VETERAN STATUS: ( ) VIETNAM ERA ( ) NON VIETNAM ERA
( ) DISABLE ( ) DISABLE & VIETNAM ERA

HOME ADDRESS: _____
NO., STREET (RFD OR BOX)

_____
CITY STATE ZIP CODE

TELEPHONE #s ( ) _____ ( ) _____
HOME WORK

**BUSINESS OFFICE USE ONLY**

HRS Position # _____
Job Grp Code _____ Earning Code _____
Linked assignment # _____
DESCRIPTION:
_____
_____
_____

## EMPLOYMENT DATA

DEPARTMENT _____ DIVISION _____
OFFICIAL UK TITLE _____ ACCOUNT NUMBER _____
EFFECTIVE DATE _____ ENDING DATE _____ FTE _____
ACCOUNT DISTRIBUTIONS: Account Number _____ Percent of Distribution _____
Account Number _____ Percent of Distribution _____
Account Number _____ Percent of Distribution _____
Account Number _____ Percent of Distribution _____

**STAFF EMPLOYMENT STATUS**

_____ REGULAR _____ TEMPORARY _____ FULL-TIME _____ PART-TIME _____ HALF-TIME
BIWEEKLY STAFF: HOURLY PAY RATE _____ MONTHLY STAFF: MONTHLY PAY RATE _____
TOTAL ANNUAL SALARY _____ LUMP SUM PAYMENT _____

**FACULTY EMPLOYMENT STATUS**

_____ REGULAR _____ TEMPORARY _____ FULL-TIME _____ PART-TIME _____ HALF-TIME
_____ CONTRACT BASIS (9, 10, 11 OR 12) ANNUAL BASE SALARY _____
MONTHLY PAY RATE _____ LUMP SUM PAYMENT _____

**STUDENT EMPLOYMENT STATUS**

TYPE: _____ UNDERGRADUATE _____ GRADUATE _____ INTERN/RESIDENT TIME: _____ FULL-TIME _____ HALF-TIME
BIWEEKLY PAY RATE _____ MONTHLY PAY RATE _____ HOURLY PAY RATE _____

## CHECK LIST

I9 COMPLETED: _____ YES _____ NO
DRUG FREE POLICY FORM COMPLETED: _____ YES _____ NO
PREVIOUSLY OR CURRENTLY WORKING FOR UK: _____ YES _____ NO

DIVISION DIRECTOR _____ DATE _____

DEPARTMENT CHAIR _____ DATE _____

9/24/04