

Payroll Assignment Form

Please keep in mind that all assignments for RA, IA & RA/TE are 4 1/2 months. Fall assignment effective dates are 9/1-1/15 & Spring Assignments are from 1/16-5/31.
 Position funding must cover the entire period or the termination box should be checked in the payroll change section with the last day worked indicated.

Employee Name _____ **EmpID** _____ **Today's Date** _____
(First Name) M.I. (Last Name)

Check one: ___ Undergraduate ___ Graduate ___ PostDoc

Requested Action:

New Hire
(No Prior UH Employment)
 Complete Position Information Section

Rehire/Transfer
(Current or Former UH Employee)
 Complete Position Information Section

Payroll Change
(Changes to existing assignments)
 Complete Payroll Change Section

Position Information: **(for Dept use)**

Start Date	End Date	Salary (indicate monthly or hourly)	FTE	Speed Type:	Budget %	Position Title	Benefits	Salary @ 1.0 FTE	PCN
		Month/ hour		1) _____ 2) _____	1) ____ 2) ____		<input type="checkbox"/> Benefits Eligible <input type="checkbox"/> NonBenefits Elig <input type="checkbox"/> Insurance Only		
		Month/ hour		1) _____ 2) _____	1) ____ 2) ____		<input type="checkbox"/> Benefits Eligible <input type="checkbox"/> NonBenefits Elig <input type="checkbox"/> Insurance Only		
		Month/ hour		1) _____ 2) _____	1) ____ 2) ____		<input type="checkbox"/> Benefits Eligible <input type="checkbox"/> NonBenefits Elig <input type="checkbox"/> Insurance Only		

Payroll Change (Complete this section for changes to an existing payroll assignment)

Job Title _____ **Position Number** _____

<p><input type="checkbox"/> Termination* Benefits eligible employee must complete Termination Clearance with DBA. Last date of work: _____ Reason for termination _____</p> <p><input type="checkbox"/> Budget Change: Effective Date _____ From Speed Type: _____ To Speed Type: _____</p> <p><input type="checkbox"/> FTE Change: Effective Date _____ From _____ % To _____ %</p>	<p><input type="checkbox"/> Pay Rate Change: Effective Date _____ Current Rate \$ _____ mo / hr New Pay Rate \$ _____ mo / hr Reason: _____</p> <p><input type="checkbox"/> Reallocation: Dates: _____ From Speed Type: _____ To Speed Type: _____ From Position # _____ To Position # _____</p> <p><input type="checkbox"/> Other (specify): _____</p>
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SIGNATURES:

Supervisor/Hiring Authority: _____
SIGNATURE

 DATE