

HRMS Pay Advice (Faculty/Staff)

Version 3 8/2007

Legal Name _____
 PLEASE PRINT—Last Name, First Name, Middle Initial (Must attach copy of Social Security Card)
 University ID# _____
 (10 digit number)

(1) ASSIGNMENT TYPE	(2a) ACTION REASON	(2b) ACTION REASON
Faculty: _____ AC1 – Resident _____ AC2 – Adjunct _____ Staff SM or SB Pay Cycle: ___ 10 Month ___ 12 Month	ADD: _____ Account # _____ Comp Rate _____ Title _____ Rank Other: _____	CHANGE: _____ Account # _____ Comp Rate _____ Title _____ Rank Other: _____

(2) ACTION	(2c) LEAVE ACTIONS:
_____ New Appointment _____ Renew Contract _____ Add Concurrent Appt. HR Entry: Record No. _____ _____ Termination Last Day Worked _____ _____ Add Action (2a) _____ Change Action (2b) _____ Leave (2c) _____ Additional Pay	TAKE LEAVE (mark all that apply) _____ Sabbatical ___ Medical _____ FMLA _____ Other _____ Leave w/o Pay _____ Leave with Full Pay _____ Leave with Partial Pay at _____ % Expected Return Date _____ RETURN FROM LEAVE OF ABSENCE _____ No further action _____ Appointment action

(3) ASSIGNMENT DATA

Department Name: KO- _____ Work Area _____ Position # _____

Comp Rate\$ _____ / _____ = \$ _____ Biweekly Rate\$ _____ per hour
Pay Amount/Number of Pays = Total Pay

Effective Date: Start _____ Funding Dept./Account: KO- _____ / _____ - _____

(4) ADDITIONAL INFORMATION: Contract or Other

Contract Dates:
 Course Number & Title:
 Class Meeting Days & Times:
 Standard Hours:

(5) X _____ Prepared by _____ Date _____	X _____ Fiscal Approver _____ Date _____
X _____ Account Manager/Dept. Head _____ Date _____	X _____ HR Approver _____ Date _____

This bottom margin should not be used by department.