

HRMS Pay Advice (Hourly)

Version 2 08/07

Legal Name _____
 PLEASE PRINT—Last Name, First Name, Middle Initial (Must attach copy of Social Security Card)

Employee ID# _____
 (10 digit number)

(1) ASSIGNMENT TYPE		
HOURLY: _____ HR – Regular _____ HS – Student _____ HW – Work Study _____ HP – PERF _____ HRO – Overtime Only		
(2) ACTION	(2a) ACTION REASON	(2b) ACTION REASON
_____ New Appt./Assignment _____ Add Concurrent Appt. _____ Termination Last Day Worked _____ _____ Add Action (2a) _____ Change Action (2b)	ADD: _____ Account # _____ Comp Rate _____ Title _____ Rank Other: _____	CHANGE: _____ Account # _____ Comp Rate _____ Title _____ Rank Other: _____
(3) ACCOUNTING DATA		(4) ADDITIONAL INFO
Department Code _____ KO- _____ Account # _____ Work Area _____ (4 numbers) Comp Rate _____ Start/Effective Date _____ Position Title _____		
(5)		
X _____ Prepared by Date	X _____ Fiscal Approver Date	
X _____ Account Manager Date	X _____ HR Approver Date	