## **College of Fine Arts Payroll Form**

| Last Name:                           |                                    | First Name:                    |
|--------------------------------------|------------------------------------|--------------------------------|
| Permanent Address:                   | 411                                | vour tax forms should be sent) |
| City/County/State/Zip:               | (where)                            |                                |
| Local Address:                       |                                    |                                |
| City/County/State/Zip:               |                                    | (If different than above)      |
| Ethnic Origin (circle one):          |                                    | Personal Information:          |
| Black/Not Hispanic                   | Veteran Status (circle one):       | Social Security #:             |
| American Indian or Alaska Native     | Special Disabled Veteran           | UK ID/Student #:               |
| Asian or Pacific Islander            | Other Veteran                      | Date of Birth:                 |
| Hispanic                             | Newly Separated Veteran            | Phone Number:                  |
| White/Not Hispanic origin            | Non-Veteran                        | E-mail:                        |
| Unspecified                          |                                    |                                |
| If yes, which of Are you paid bi-we  | eekly or monthly?  Payroll Informa |                                |
| Starting Date:                       |                                    | Ending Date                    |
| Total Salary Amount: \$              | (\$                                | /hourly/bi-weekly/monthly)     |
| Payment for performing the following | ng tasks as assigned:              |                                |
|                                      |                                    |                                |
| Account # to be paid from:           |                                    | Position Number:               |
|                                      | If you are a TO                    | RA                             |
| Name of Sponsor:                     |                                    |                                |
| Contact Person's Name:               |                                    |                                |
| Contact Person's Phone #:            |                                    |                                |
| Contact Person's E-mail Address:     |                                    |                                |
|                                      | Signatures                         |                                |
| Employee:                            |                                    | Date:                          |
| Supervisor/Faculty:                  |                                    | Date:                          |
| Department Chair/Director            |                                    | Date:                          |

Once the new employee completes the hiring process please submit this form along with all the required documentation to Tonya Brooks, 207 Fine Arts Bldg no later than 3 working days prior to the Compensation deadline for accepting PARS for a specific payroll period. This form is required for all payroll processing.