Payroll Assignment Form

	(Fir	st Name)	M.I.	(Last Name)	Linhir			Today's Date		
heck one	e:	Undergraduate	;	Graduate	PostI	Doc	_Other			
New (No Prior UH		Action:		□ Rehire (Current or For Complete Pos	rmer UH Emp	oloyee)	(Chang	Payroll Char es to existing assignments) te Payroll Change Section	nge	
Posit	ion In	formatio	n:						(for D	ept use)
		Salary (indicate monthly or			Budget				Salary @1.0	
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		Month/ hour		1)	1)			☐ Benefits Eligible ☐ NonBenefits Elig ☐ Insurance Only		
		Month/ hour		2)	2)					
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