Payroll Assignment Form

Employee Name _____ EmpID _____ Today's Date _____

(First Name)   M.I.   (Last Name)

Check one: ____Undergraduate ____Graduate ___PostDoc ____Other_____

Requested Action:

☐ **New Hire**   ☐ **Rehire/Transfer**   ☐ **Payroll Change**

(No Prior UH Employment)   (Current or Former UH Employee)   (Changes to existing assignments)
Complete Position Information Section   *Complete Position Information Section*   *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)____		☐ Benefits Eligible ☐ NonBenefits Elig ☐ Insurance Only		
		Month/ hour		1)_____ 2)_____	1)____ 2)____		☐ Benefits Eligible ☐ NonBenefits Elig ☐ Insurance Only		
		Month/ hour		1)_____ 2)_____	1)____ 2)____		☐ Benefits Eligible ☐ NonBenefits Elig ☐ Insurance Only		

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

Job Title_____ **Position Number**_____

☐ **Termination*** Benefits eligible employee must complete Termination Clearance with DBA.

Last date of work:_____

Reason for termination_____

_____

☐ **Budget Change:** Effective Date_____

From Speed Type:_____To Speed Type:_____

☐ **FTE Change:** Effective Date_____

From_____% To_____%

☐ **Pay Rate Change:** Effective Date_____

Current Rate $_____ mo / hr New Pay Rate $_____ mo / hr

Reason:_____

☐ **Reallocation:** Dates:_____

From Speed Type:_____To Speed Type:_____

From Position #_____ To Position #_____

☐ **Other** (specify):

SIGNATURES:

Supervisor/Hiring Authority: _____ _____

SIGNATURE   DATE