

Hearing and Speech Sciences
Payroll Action Request

Today's Date: _____

Employee Name: _____
(Please print clearly)

UMID #: _____
Date of Birth: _____

Home address: _____

Campus address: _____ Email: _____

Race: _____ Sex: Male - Female

US citizenship Yes or No (if no complete below):

Visa Status Permanent Resident H1 J1 F1 Alien # for PR: _____

A. Faculty New Employment

Faculty Title: _____ 9 month or 12 month (circle one)

Salary: \$ _____ Effort % _____

Funding source (FRS) please circle one State - other (please specify) _____

Date of Hire: _____ Expiration Date: _____

B. Graduate Student New Employment

Salary: \$ _____ Effort % _____

Date of Hire: _____ Expiration Date: _____

Funding source (FRS) please circle one State - other (please specify) _____

C. Hourly Students New Employment Grad _____ (max \$11.45) U/Grad _____ (max \$8.75)

Date of Hire: _____ Expiration Date: _____

Max # Hours _____

- wage exception form MUST BE attached if over & above student hourly rate

Funding source (FRS) please circle one State - other (please specify) _____

D. Separation/Termination

Separation Date: _____

**** A copy of resignation/termination letter must be attached to this form to be processed. Please inform your employee they must return their keys, parking permit and ID card on their last day of work**

Supervisor signature _____

Date _____

Chair/Director Signature _____

Date _____