

UNIVERSITY PAYROLL SERVICES  
**EMPLOYEE DATA FORM**

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Social Sec #: \_\_\_\_\_  
**ACTION (check one):**  
 \_\_\_ New Hire      \_\_\_ Rehire  
 \_\_\_ Promotion    \_\_\_ Reclassification  
 \_\_\_ Late Pay     \_\_\_ PCR  
 \_\_\_ OTHER: \_\_\_\_\_

Home Department #: \_\_\_\_\_ Department Name: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Mail Code: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Dependents: \_\_\_\_\_ Disab: \_\_\_\_\_ Union: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Veteran: \_\_\_\_\_  
 Ethnic: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hire Date \_\_\_\_\_ Job Code: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Perm/Temp: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Reg/Cas: \_\_\_\_\_ Pay Option: \_\_\_\_\_ Annual FTE: \_\_\_\_\_  
 Bene Elig: \_\_\_\_\_ Percent: \_\_\_\_\_ Fiscal/Acad: \_\_\_\_\_  
 Hours per Week: \_\_\_\_\_ Staff: \_\_\_\_\_ Faculty: \_\_\_\_\_ Student: \_\_\_\_\_

**Funding Information**

Ern Line	Account Number	Obj Code	Regular Rate	Start Date	End Date	Pct	Irreg Rate	Amt to Pay

**PAYROLL CHECK REQUEST**

Pay Period: \_\_\_\_\_ Freq: \_\_\_\_\_ GROSS PAY DUE: \_\_\_\_\_  
 Reason: \_\_\_\_\_ NET PAY DUE: \_\_\_\_\_

**\*TAX MODELLING MUST BE ATTACHED**

Ern Line	Account Number	Amount

Processed by \_\_\_\_\_  
 Batch Number: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Check Number: \_\_\_\_\_

\_\_\_\_\_  
HOME DEPARTMENT SIGNATURE      DATE

\_\_\_\_\_  
**EMPLOYEE SIGNATURE** (NEW/REHIRE)      DATE

\_\_\_\_\_  
DEAN/DIRECTOR      DATE  
04/98

\_\_\_\_\_  
PAYROLL SERVICES      DATE