PAYROLL REQUEST

Temporary (non-student) Employee

Routing: Send to PH 217

Banner ID:

Permanent Employee

Routing: Send to PH 217

	Nine digits only (Do not a	use SSN)		
Full Name:				
Full Name:	Please PRINT full legal na	ama		
LINIOA Foreil Address	r lease i Mivi full legal lie	anie		
UNCA Email Address:				
Fund Ora 9 Account #				_
Fund, Org, & Account #:	6 digit Fund #	6 digit Org #	6 digit Account #	7
	o digit i dila "	- digit Oig #		
		611100 = EHRA Sala	VALID ACCOUNT #s aries 613120 = Adjunct F	aculty
		612100 = SHRA Sala	•	
Payment Amount:		613105 = EHRA Fact 613110 = EHRA Fact		Employee per IRS
r dymone / unounu		613115 = EHRA Faci		
Pay date:			is to be used only for SHRA employees performs as long as they are being paid from State (2)	
•		their assigned duties as long as they are being paid from State (2) funds . Payments from other sources (3, 5 or 9 funds) should be assigned the same account number as the		
		employee's regular temporary employe	pay. Account 617200 should never be used for	or faculty, student or
		temporary employe	:65.	
Description of Work:				
Decemption of Work.				
Date(s) work performed:				

Payroll Request	ts for permanent Fac	ulty and Staff requir	re additional approvals:	
Requested By - Cannot be the Payee			N	
	Signat	ure	Name	Date
Fund Monogov				
Fund Manager	Signat	ure	Name	Date
	Signat	arc	Name	bate
NOTE: Departmental / Fund Manager signatur	e certifies that the informatic	on is true and accurate, the	work has been completed, and that	there are adequate
funds available to make this payment.				
Dean (required for Academic Affairs o				
Court Assessment - Demoissed if founded	Signat	ure	Name	Date
Grant Accountant - Required if funded	l .			
from a Grant (5 fund)		lure	Name	Date
Academic Affairs Budget - Required if	Signat	uie	IVALLE	Date
payment is to faculty				
payment is to faculty	Signat	ure	Name	Date
Staff Budget - Required for all perman	_			Date
employees				
Citiployees	Signat	ure	Name	Date
	3.8.00			