

## **Payroll Request Form**

Requested By				ate	
Section A	Reason for Action				
Action			Ot	her	
Reason for Action/Detailed Justification: (courses taught, extra help, student worker, etc.)					
Section B	Employee Information				
Name	Employee Status				
Street Address					
City/State/Zip					
Email					
Phone	UKID# or Last 4 of SSN				
Section C	Position Information	on			
Position Type			Faculty R	.ole	
Start Date	End Date				
Course Info					
Semester		Prefix #	Course Title		Credit Hours
Supervisor (for ti	me approval)		Departm	ent	
Payment Amount			Freque	ncy	
Hours Per Week			F	ΓE*	
Cost Center/WBS Element			Percenta	аge	
*FTE Calculations: Approximately 4% per credit hour for faculty/instructor. Hours Per Week / 40 for staff.					aff.
Section D	Approvals				
P.I./Faculty Approval				Date	
Department Approval				Date	
Payroll Office Approval				 Date	