

<b>Section A</b>		SAP PAR Info Sheet					
<input type="checkbox"/>	New Hire	<input type="checkbox"/>	Demotion	<input type="checkbox"/>	Acting	<input type="checkbox"/>	Reinstate from Leave
<input type="checkbox"/>	Re-Hire	<input type="checkbox"/>	Reclass	<input type="checkbox"/>	End Acting	<input type="checkbox"/>	Overload
<input type="checkbox"/>	Lateral	<input type="checkbox"/>	Leave W/Pay	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	FTE Change
<input type="checkbox"/>	Promotion	<input type="checkbox"/>	Leave W/O Pay	<input type="checkbox"/>	Equity Adjustment	<input type="checkbox"/>	Other

**Note:**

<b>Section B</b>		Employee Identification	
Full Name	_____	Start Date	_____
Street	_____	Position #	_____
City & State	_____	Requisition #	_____
ZIP Code	_____	Gender	_____
Job Title	_____	Birth Date	_____
SSN	_____	Employee ID	_____
Ethnicity	_____	Degree Type	_____

<b>Section C</b>		Assignment Identification					
<i>UKHC</i>	<input type="checkbox"/>	<i>Faculty</i>	<input type="checkbox"/>	<i>Campus</i>	<input type="checkbox"/>	<i>Student</i>	<input type="checkbox"/>
Dept Name	_____						
Dept Number	_____						
Hourly Rate	_____	Biweekly Pay Rate	_____	Monthly Rate	_____		
Annual Rate	_____						
Months TIP (from the salary recommendation form)	_____						
FTE	_____						
BW HRS	_____						
(Faculty Only)							
VA 8ths or Fee	_____			Contract Period	_____		
VA Annual Pay	_____			Rank	_____		
True Annual Pay	_____			Title Series	_____		

<b>Section D</b>		Differentials	
PRN Rate	_____	Call Pay	_____
Med-Surge	_____	Other	_____
Charge Pay	_____	(Specify)	_____

Approved BY \_\_\_\_\_  
 Date \_\_\_\_\_

Process Checklist

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| Application (original and 1 copy)    | K4 Tax Form                          |
| Salary Recommendation (2 copies)     | Copy of Social Security Card         |
| I-9 (original and 1 copy)            | Direct Deposit Form (w/voided check) |
| Drug Free Form (original and 1 copy) | W4 Tax Form                          |