

GRANT PAYROLL AUTHORIZATION

Employee Name: _____

Date: _____

Last 4 digits of Employee SS#: XXX-XX-____ Employee Department: _____

POSITION DATA

* New Hire	<input type="checkbox"/>
Salary Continuation	<input type="checkbox"/>
Salary Change	<input type="checkbox"/>

Position/ Description of Services: _____

**New employees of the University are required to complete an I-9, W-4 and M-4. Graduate Students may do this in the Payroll Office, Undergraduate in Office of Financial Assistance, and all others in HR.*

Date of Employment: From: _____ To: _____

Full-time Part-time Hours per week: _____
[At least 35 hrs per week]

Reporting Requirement: Time sheet Time & Effort Reporting Other: _____

RECOMMENDED RATE OF PAY

HR approval required for rates of pay

\$ _____ per Hour Total salary:\$ _____ Paid bi-weekly

FUNDING DATA

Grant Index: _____ Account Code: _____

See list below

Account Codes Faculty & Staff
Faculty Academic Year 6011
Faculty Part-time 6012
Faculty Summer 6013
Administration full-time 6021
Administration part-time 6023
Staff full-time 6031
Staff part-time/temporary 6037

Account Codes Student Employees
Undergraduate non- workstudy 6053
Graduate Teaching Assistant 6054
Graduate Research Assistant 6055
Graduate – other 6056
Research / Post Doc 6022

APPROVALS

Principal Investigator _____ Date _____

Research Office _____ Date _____

Must be obtained for all summer salaries and payments to Principal Investigators

Grants Accounting _____ Date _____

Human Resources _____ Date _____

SUMMER SALARY – TIAA DEDUCTION AUTHORIZATION

TIAA deductions and related University contributions are only available if the fringe benefit rate of the grant is sufficient to cover the additional cost to the University.

- Please deduct my usual TIAA from summer salary requested above.
- Please do not deduct my usual TIAA from summer salary requested above.

I understand my decision is irrevocable, and under no circumstances subject to change after summer salary payments have commenced: _____

Faculty Signature

Date

COMPLETED FORM SHOULD BE SENT TO GRANT ACCOUNTING – 3RD FLOOR 20 DOWNING ST.