##

# (SF) SPA Temporary Flat Pay New Hire

**Type of Action:**

#### EMPLOYEE ACTION FORM

Department must complete all sections that are applicable. This form must be received in Human Resource Services by the last working day of the month in order for the employee to be paid on the last working day of the following month.

## Originating Department Information Date Prepared: June 15, 2017

## Originator:       Phone Number:

Alternate Contact Person:  Phone Number:

## Member’s Supervisor:       Phone Number:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PPAIDEN – Identification Form** | Banner ID#:  |  | Birth Date:  |  |

Member Name (Last, First, Middle Name/Initial)

|  |  |  |  |
| --- | --- | --- | --- |
| Payroll Address (PY):  | City:  | State:  | Zip Code:  |
| County:  | Payroll Phone (PY):  |  |
| Home Department Name:  | Campus Address (OF):  |
| Campus Phone (OF):  | Building Name:  | Room #:  |

**PEAEMPL – Employee Form** Employee Class: **SF**

|  |  |  |
| --- | --- | --- |
| Home Department Organization: |  |  |
| Check Distribution Organization: |  |  |
| Current Hire Date: |  |  |
| I9 Form Needed: |  |  |  |
| Background Check Needed |  |  |  |

**NBAJOBS – Employee Job Form** Suffix: **00**

|  |  |  |  |
| --- | --- | --- | --- |
| *(Jobs Detail Tab)*  Position #: |  |  |  |
| Effective Begin Date of Action: |  |  |
| Personnel Date: |  | (This value should equal the Effective Begin Date of Action.) |
| Change Reason: | **APTB** |  |
| Annual Salary: |  | Factor/Pays:  |  | (Factor/Pays is equal to the number of months to be paid.) |

(Annual Salary is equal to the monthly amount to be paid multiplied by the Factor/Pays.)

|  |  |  |  |
| --- | --- | --- | --- |
| *(Payroll Default Tab)* |  |  |  |
| Timesheet Organization: |  |  |  |
| *(Labor Distribution Tab)* |  |  |  |  |  |
| **FUND** | **ORG** | **ACCOUNT** | **PROGRAM** | **PERCENT** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  | (The percent **MUST** total 100%) |

|  |  |  |
| --- | --- | --- |
| Effective End Date of Action: |  | (This date must be the last day of the month or employee will be pro-rated their monthly pay amount.) |
| Personnel End Date: |  | (This date will be the same as the Effective End Date.) |

|  |  |  |
| --- | --- | --- |
| **Department Head Approval** | **Dean or Designee Approval** | **Vice Chancellor Approval** |
| Type Name:      Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Type Name:      Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Type Name:      Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NOTE:** Completed UNCG Application Form needs to be attached and employee needs to come to Human Resource Services to complete an I9 form on the first working day. (EAF Form **will not** be processed until completed UNCG Application Form is received in HRS.)