

Graduate Student Hourly Change Form  
GH-Graduate Hourly

(USE THE TAB KEY OR THE MOUSE TO MOVE FROM FIELD TO FIELD - IF YOU PRESS ENTER, THE FORM WILL BE ALTERED.)

TYPE OF CHANGE: (SELECT ONE) DATE PREPARE: 3/24/2008

Department must complete all sections that are applicable. This form must be received in the Graduate School by the Personnel Action Deadline as posted on Banner HR- [http://banner.uncg.edu/hr/Dates\\_Deadlines](http://banner.uncg.edu/hr/Dates_Deadlines). (Ex: Received by January deadline to be paid in February.)

ORIGINATING DEPARTMENT INFORMATION

HOME DEPARTMENT NAME: \_\_\_\_\_  
ORIGINATOR NAME: \_\_\_\_\_  
ALTERNATE CONTACT PERSON NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

PPAIDEN - IDENTIFICATION FORM

BANNER ID#: \_\_\_\_\_

EMPLOYEE NAME (LAST, FIRST, MIDDLE NAME/INITIAL): \_\_\_\_\_ Name MUST Match Social Security Card EXACTLY

PEAEMPL - EMPLOYEE FORM

HOME DEPARTMENT ORGANIZATION: \_\_\_\_\_  
CHECK DISTRIBUTION ORGANIZATION: \_\_\_\_\_  
CURRENT HIRE DATE: \_\_\_\_\_

NBAJOBS - EMPLOYEE JOB FORM

(JOBS DETAIL TAB) POSITION#: \_\_\_\_\_ SUFFIX: \_\_\_\_\_

EFFECTIVE DATE OF ACTION: \_\_\_\_\_

(If employee has been paid on this job, the effective date may not be prior to the the Last Date Paid as shown on NBAJOBS.)

PERSONNEL DATE: \_\_\_\_\_

(This is the actual begin date of the action to be performed. This action must follow the hourly pay period and begin on the 11th of the month.)

CHANGE REASON: (SELECT ONE)

NEW RATE (if applicable): \_\_\_\_\_

(LABOR DISTRIBUTION TAB) New FOAP (if applicable)

FUND	ORG	ACCOUNT	PROGRAM	PERCENT
				50%
				50%
				100.00%

DEPARTMENT HR/PAYROLL LIAISON  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

DEPARTMENT HEAD/CHAIR APPROVAL  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

GRADUATE SCHOOL ENTRY VERIFICATION  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_