

Undergraduate Student Departmental Flat-Pay Change Form
UF-Undergraduate Flat-Pay

(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 PREPARED:

Department must complete all sections that are applicable. This form must be received in the HR Department by the Personnel Action Deadline as posted on Banner HR - 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):

PEAEMPL - EMPLOYEE FORM

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

NBAJOBS - EMPLOYEE JOB FORM

(JOBS DETAIL TAB) POSITION #: SUFFIX:

EFFECTIVE BEGIN DATE OF ACTION:

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

PERSONNEL BEGIN DATE:

(This is the actual begin date of the action to be performed. This date must be the 1st of the month in which the action is to occur.)

CHANGE REASON: (SELECT ONE)

NEW ANNUAL SALARY (if applicable):

NEW FACTOR/PAYS (if applicable):

(If you make a change to the Annual Salary Field, you MUST make a change to the New Factor/Pays field. This must equal # of months should be paid this salary.)

(LABOR DISTRIBUTION TAB) NEW FOAP (if applicable):

| FUND | ORG | ACCOUNT | PROGRAM | PERCENT |
|------|-----|---------|---------|-----------|
| | | | | 0% |
| | | | | 0% |
| | | | | TRY AGAIN |

(Percent must equal 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 reflect the actual last day worked.)

| | |
|---|---|
| <p>DEPARTMENT HR/PAYROLL LIAISON</p> <p>Print Name: _____</p> <p>Signature: _____</p> | <p>DEPARTMENT HEAD/CHAIR APPROVAL</p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> |
| <p>SPA HR OFFICE ENTRY VERIFICATION</p> <p>Initials: _____ Date: _____</p> | |