

Undergraduate Student Hourly Change Form
UH-Undergraduate 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 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 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: _____

SPA HR OFFICE ENTRY VERIFICATION
Initials: _____ Date: _____

Date: _____