



PAYROLL RECOMMENDATION

NAME: _____ SS#: _____

DEPT: _____ SITE: _____

TITLE: _____

_____ TERMINATION _____ NEW HIRE _____ CHANGE

EFFECTIVE DATE: _____ LENGTH OF CONTRACT: _____

YEARS OF SERVICE (F/T ONLY): _____ POINTS (NON-FACULTY): _____

TOTAL SALARY / HOURLY RATE: _____

PAYROLL ACCOUNT #: _____

HIGHEST LEVEL OF EDUCATION: _____

FOR TIMECLOCK PLUS AND/OR LEAVE PURPOSES:

IMMEDIATE SUPERVISOR: _____

BACK-UP SUPERVISOR (FOR TIMECLOCK ONLY): _____

ADDITIONAL INFORMATION: _____

FACULTY ONLY: If recommending faculty, Faculty Credential form has been completed: _____

Recommended by Supervisor: _____ Date: _____

Approved by Department Head: _____ Date: _____

Approved by Grant Director (if applicable): _____ Date: _____

Approved by Cabinet Member: _____ Date: _____

Approved by Dist. Dean of Financial Aid (Work-Study only): _____ Date: _____

Approved by Director of Human Resources: _____ Date: _____

Human Resources Office Use Only

TRS/ORP/CHOICE: _____

Veteran Code _____

EVERFI: _____

IPEDS Code: _____

Notify IT/Termination: _____ POISE ACCESS: _____

TCP entered: _____

Faculty Rank: _____ (I=Instr/ T=Asst.Prof/ A=Assoc.Prof/ P=Prof)

Assigned Position: _____

Adjunct Faculty/Rank: I/No Rank _____

E__J__H__W__JB__J__A__N__