

MIAMI UNIVERSITY Payroll Document

for ONE-TIME PAYMENTS/SPECIAL ASSIGNMENTS/CREDIT WORKSHOPS/UNCLASSIFIED HOURLY

(Non-Grant Funded)

Originating Department/Office: _____ Dept. Code: _____

EMPLOYEE

Name: _____ BANNER + _____

Last First MI

SOCIAL SECURITY NO. _____

Home Department _____

Home address _____ City _____ State _____ Home Phone _____

U.S. Citizen: Yes No

Email address _____

NEW EMPLOYEE	Please direct employee to HR or Academic Personnel, Oxford Campus; or the Business Office on Hamilton or Middletown campus prior to start date
RE-HIRE	If more than one year since last employment, direct as "New Employee"
CURRENT	Requires approval of Supervisors, if payment is initiated by a department other than employee's home department

This special assignment: Title _____

Description/Duties: _____

Location of work performed: <input type="checkbox"/> Oxford <input type="checkbox"/> Hamilton <input type="checkbox"/> Middletown <input type="checkbox"/> Other _____	Position Type: <input type="checkbox"/> Hourly rate (section A) <input type="checkbox"/> Daily rate (section A) <input type="checkbox"/> Salary for work performed (section B) <input type="checkbox"/> other _____ (section B)	Banner Index Number _____ \$ _____ Index Number _____ \$ _____ Index Number _____ \$ _____ Labor account code: _____
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Section (A) Daily Rate: \$ _____ x _____ days worked: \$ _____ **OR**
 Hourly Rate: \$ _____ x _____ hours worked: \$ _____ (confirm hours worked on an attached time sheet)
 for employment dates of _____ to _____ **Total Salary: \$ _____**

Section (B) 1. Salary \$ _____ for employment dates of _____ to _____
 for duties performed as described above.
 If paying a credit workshop salary, number of credit hours _____.

Section (B) 2. Other Rate _____ **Total Salary: \$ _____**

Requested by: _____ Date: _____

APPROVAL of Expenditure			APPROVAL of Supervisors		
Type Name	Signature	Date	Type Name	Signature	Date
Dept. Head/Chair: _____			_____		
Dean(s): _____			_____		
Admin Officer _____			_____		
Vice President: _____			_____		
(as necessary)			_____		

HR/Academic Personnel office use: Position #: _____ Suffix #: _____ Earn code: _____ Work tax: _____
 Eclass: _____ Lcat _____ Annual Salary: \$ _____ FTE: _____