Print

Reset Form

Payroll Assignment Form

This form must be completed by the hiring supervisor and submitted to the DBA (as appropriate) in order to hire an employee or change an existing assignment.

Employee Name _____ EmpID _____ Today's Date_____
(First Name) M.I. (Last Name)

Check one: ☐ Undergraduate ☐ Graduate ☐ PostDoc ☐ Other_____

Requested Action:

☐ New Hire
(No Prior UH Employment)
Complete Position Information Section

☐ Rehire/Transfer
(Current or Former UH Employee)
Complete Position Information Section

☐ Payroll Change
(Changes to existing assignments)
Complete Payroll Change Section

Position Information:

(for Dept use)

Start Date	End Date	Salary (indicate monthly or hourly	FTE	Speed Type:	Budget %	Position Title	Benefits	Salary @1.0 FTE	PCN
		Month/ hour		1)_____ 2)_____	1)___ 2)___		☐ Benefits Eligible ☐ NonBenefits Elig ☐ Insurance Only		
		Month/ hour		1)_____ 2)_____	1)___ 2)___		☐ Benefits Eligible ☐ NonBenefits Elig ☐ Insurance Only		
		Month/ hour		1)_____ 2)_____	1)___ 2)___		☐ Benefits Eligible ☐ NonBenefits Elig ☐ Insurance Only		

Payroll Change (Complete this section for changes to an existing payroll assignment)

Job Title_____ **Position Number**_____

☐ **Termination*** Benefits eligible employee must complete Termination Clearance with DBA.
Last date of work:_____
Reason for termination_____
_____

☐ **Budget Change:** Effective Date_____
From Speed Type:_____To Speed Type:_____

☐ **FTE Change:** Effective Date_____
From_____% To_____%

☐ **Pay Rate Change:** Effective Date_____
Current Rate $_____ mo / hr New Pay Rate $_____ mo / hr
Reason:_____

☐ **Reallocation:** Dates:_____
From Speed Type:_____To Speed Type:_____
From Position #_____ To Position #_____

☐ **Other** (specify):

SIGNATURES:

Supervisor/Hiring Authority: _____ _____
SIGNATURE DATE