

UofL

FOREIGN NATIONAL NONWAGE PAYMENT FORM

FORM MUST BE COMPLETED IN INK OR TYPED. NO PHOTOCOPIES OR USE OF PENCIL WILL BE CONSIDERED.



Position Number

Currently Employed Yes No

NEW POSITION NUMBER REQUIRED

Paygroup unless currently employed
Job Code

If Yes Current paygroup _____



NAME: _____

ID.: _____

DEPARTMENT NAME: _____

DEPARTMENT ID.: _____

BEGIN DATE: _____

END DATE: _____

AMOUNT TO BE PAID: _____

For example: Begin date = 05/13/05 End date=06/09/05 Compensation Rate=\$2000 the person will received \$4000 (covers two biweekly payroll)



Use funding below

No funding change



Flat File information: Position, Department, startdate (mmddyyyy), Percent 100.000, Speed type with subcode

example

00000001 1230000000 05132005 100.000 G1734-TMPSAL



SIGNATURES _____ DATE _____

DEPARTMENT _____ PHONE _____

PRINT DEPARTMENT CONTACT _____

E-MAIL _____

PERSONNEL ACTION NOTICE

Last Name: _____ First: _____ Middle: _____

Social Security #: _____ Employee ID: _____

New/rehires should complete all information blocks. For data changes complete only applicable fields.

Please indicate the required personnel action.

_____ **NEW HIRE**

_____ **REHIRE**

_____ **DATA CHANGE**

US LOCAL STREET ADDRESS:

City: _____

County: _____

State: _____ Zip: _____

MAILING ADDRESS:

City: _____

County: _____

State: _____ Zip: _____

PERSONAL PROFILE:

Gender Male Female

Student Data: Half-Time Student

Birth Date: _____

Birth Country: _____

EMAIL/PHONE:

Email Type: _____

Email Address: _____

Phone Type: _____

Phone Number: _____

Phone Type: _____

Phone Number: _____

EDUCATION LEVEL:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Less than HS Diploma | <input type="checkbox"/> Technical School | <input type="checkbox"/> Some Graduate School | <input type="checkbox"/> Doctorate (Professional) |
| <input type="checkbox"/> High School Graduate or Equivalent | <input type="checkbox"/> 2-Year College Degree | <input type="checkbox"/> Master's Level Degree | <input type="checkbox"/> Post Doctorate |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Bachelor's Level Degree | <input type="checkbox"/> Doctorate (Academic) | |
| <input type="checkbox"/> Other: _____ | | | |

ETHNIC GROUP:

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White |

DISABILITY STATUS:

- | | |
|--|---|
| <input type="checkbox"/> No Disability | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Disabled | |

MILITARY STATUS:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Active Reserve | <input type="checkbox"/> Not A Veteran | <input type="checkbox"/> Other Protected Veteran | <input type="checkbox"/> Retired Military |
| <input type="checkbox"/> Inactive Reserve | <input type="checkbox"/> Veteran Vet | <input type="checkbox"/> Veteran of the Vietnam Era | |

I hereby certify that all of the above information is true and correct.

Signature: _____

Date: _____

University of Louisville Human Resources System
Hire/Rehire/Personal Information Change
Emergency Contact Address/Phone

Employee Name: _____

Social Security Number: _____

Employee ID Number: _____

Information Items:

Contact Name: _____	
Relationship to Employee: _____	
Primary Contact:	Yes _____ No _____
Same Address/Home Phone as Employee:	Yes _____ No _____
Country: _____	
Street Address: _____	
City: _____	
State: _____	
Zip Code: _____	County: _____
Phone Number of Emergency Contact: _____	

Employee Signature _____

Date: _____

**UNIVERSITY OF LOUISVILLE
REQUEST FOR DIRECT DEPOSIT**

Note
All employees hired after January 1, 2001 must have their net pay electronically deposited as a condition of continued employment.

Instructions:

Please complete the appropriate sections of this form. Incomplete or missing information will delay processing. Please be sure to include a voided check if you are requesting to begin or change your direct deposit. The completed form should be returned to: University of Louisville Payroll Office, 1980 Arthur Street, Louisville, Kentucky 40208-2772. Any questions should be directed to payroll@gwise.louisville.edu.

PERSONAL INFORMATION

Employee Name: _____

Date: _____

Employee ID: _____

Phone Number: _____

E-mail Address: _____

Home Department Name: _____

Pay Basis: Monthly Biweekly

REQUEST TO STOP DIRECT DEPOSIT

Bank Name: _____

Account Number: _____ Acct Type: Checking Savings

Routing Number: _____ (for Saving's Account only)

REQUEST TO BEGIN/CHANGE DIRECT DEPOSIT

(A VOIDED CHECK OR XEROX COPY OF CHECK FROM THIS ACCOUNT MUST BE INCLUDED WITH THIS REQUEST)

Bank Name: _____

Account Number: _____ Acct Type: Checking Savings

Routing Number: _____ (for Saving's Account only)

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby authorize the University of Louisville, acting as my agent, to deposit my net pay each pay period and until further notice, in the account identified below.

I acknowledge that:

- a. Provided my respective financial institution has adequate electronic transfer facilities, my net pay will be deposited on the morning of each official university pay day;
- b. In order to remain eligible for this service, I will notify the Payroll Department of any changes to this authorization at least one complete pay period prior to the next deposit; and,
- c. This service may be cancelled if it is determined that frequent alternations to this agreement are initiated in order to specifically avoid anticipated financial responsibilities.

Employee Signature: _____ Date: _____

Information For Individuals Who Believe They Are Unable To Have Access To A Traditional Bank Account

For a variety of reasons, there are a small number of people who have not participated in the Direct Deposit Program because they are unable to secure an account at a bank or other financial institution. The University of Louisville has surveyed area financial institutions which may be able to offer products to individuals who may otherwise not have access to banking products.

The list may not represent all financial institutions which may have products for individuals who otherwise cannot use traditional banking products. Employees may identify additional financial institutions not on this list which may meet their banking needs and which will allow them to participate in the Direct Deposit program. Employees should contact the financial institutions listed below (or others they have identified) to determine if whether a banking product best meets the employees needs. The university does not warrant or guarantee any product offered by the banking institutions listed below. The university has provided this list as a service and convenience to employees.

Financial Institution	Contact	Phone
Bank One 312 S. 4 th Street Louisville, Kentucky 40202	Michelle Culwell	566-2721
Kentucky Telco University Center Belknap Parking Garage 2126 South Floyd Street, Ste. 200 Louisville, KY 40208-2771	Frankie Boone or Terona Huff	852-6711
Republic Bank 601 West Market Street Louisville, Kentucky 40202	Kenneth B. Fox	588-1035

FOREIGN NATIONAL INFORMATION FORM (page 1)

The Foreign National Information Form must be completed before you can receive any kind of payment.

All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record," copy of your U.S. Visa from your passport, and I-20 or IAP66 must be attached to this form. This form must be returned before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.

(1) Last or Family Name: _____ First: _____ Middle: _____

(2) Social Security #: _____ Employee ID: _____

(4) US LOCAL STREET ADDRESS: _____

(4) Address Line 2: _____
(4) Address Line 3: _____
(4) City: _____
(4) State: _____ Zip: _____

(5) FOREIGN RESIDENCE ADDRESS: _____

(5) Address Line 2: _____
(5) Address Line 3/City: _____
(5) Postal Code: _____ Province/Region: _____
(5) Foreign Country: _____

(6) Country of Citizenship: _____ (7) Country that Issued Passport: _____

(8) Passport #: _____ (9) Visa #: _____

(10) Have you ever had another immigration status in the U.S.? Yes No If yes, see page 2.

(11) IMMIGRATION STATUS:
 U.S. Immigrant/Permanent Resident F-1 Student
 J-1 Exchange Visitor H-1 Temporary Employee
 J-2 Spouse or Child of Exchange Visitor Other: _____

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:
 01 Student Research Scholar
 02 Short Term Scholar Other: _____
 03 Professor

(13) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:
 Studying in a Degree Program Lecturing Conducting Research Clinical Activities
 Studying in a Non-Degree Program Observing Training Temporary Employee
 Teaching Consulting Demonstrating Special Skills Here with Spouse
 Other: _____

(14) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?
_____/_____/_____
month day year

(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?
_____/_____/_____
month day year

(16) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION PRIMARY ACTIVITY?
_____/_____/_____
month day year

(17) INCOME PROVIDING ACTIVITY (e.g., professor of chemistry)

(18) WHAT TYPE OF STUDENT?
 Undergraduate
 Masters
 Doctoral
 Other: _____

(19) SPOUSE IN U.S.A?
 Yes No
Number of Dependents: _____

(20) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:
Do you/will you have an office (fixed base) in the USA?
 Yes No If yes, how many days in this tax year did you/will you have an office? _____ days

(21) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:
Did tax residency end? Yes No
If yes, when? ____/____/_____
month day year

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this Form I must submit a new Foreign National Form to the Payroll Department.

Signature: _____ Local Phone Number: (____) _____ Date: _____

FOREIGN NATIONAL INFORMATION FORM (page 2)

The Foreign National Information Form must be completed before you can receive any kind of payment.

LIST ANY VISA IMMIGRATION ACTIVITY IN THE LAST THREE CALENDAR YEARS AND ALL F, J, M OR Q VISAS SINCE 01/01/85:					
Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Any Treaty Benefits?
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

VISA IMMIGRATION STATUS:

- | | |
|---|--|
| <input type="checkbox"/> U.S. Immigrant/Permanent Resident
<input type="checkbox"/> J-1 Exchange Visitor
<input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor | <input type="checkbox"/> F-1 Student
<input type="checkbox"/> H-1 Temporary Employee
<input type="checkbox"/> Other: _____ |
|---|--|

J-1 SUBTYPE:

- | | |
|--|--|
| <input type="checkbox"/> 01 Student
<input type="checkbox"/> 02 Short Term Scholar
<input type="checkbox"/> 03 Professor | <input type="checkbox"/> Research Scholar
<input type="checkbox"/> Other: _____ |
|--|--|

PRIMARY ACTIVITY:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Studying in a Degree Program
<input type="checkbox"/> Studying in a Non-Degree Program
<input type="checkbox"/> Teaching
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Lecturing
<input type="checkbox"/> Observing
<input type="checkbox"/> Consulting | <input type="checkbox"/> Conducting Research
<input type="checkbox"/> Training
<input type="checkbox"/> Demonstrating Special Skills | <input type="checkbox"/> Clinical Activities
<input type="checkbox"/> Temporary Employee
<input type="checkbox"/> Here with Spouse |
|--|---|--|--|

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this Form, I must submit a new Foreign National Form to the Payroll Department.

Signature: _____ Local Phone Number: (____) _____ Date: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

1. Name: List full name
2. Social Security Number: Enter U.S. Social Security Number issued by the U.S. Social Security Administration. All employees must have a social security number in order to work. If none, enter your ITIN issued by the IRS.
3. ID#: Enter your Employee/Student/Faculty Identification number
4. Local Street Address: List your local U.S. address
5. Residence: List your non-U.S. address
6. Country of Citizenship(s)
7. Country that Issued Passport: List country in which you were issued your passport.
8. Passport #: Enter your passport number
9. Visa#: Enter your Visa number
10. Immigration Status: Check yes or no. If yes, complete the form for the time you were present in the U.S. Approximate if you don't know.
11. Immigration Stats: Check the type of immigration status that you Currently hold. If you check Immigrant/Permanent Resident, holder of a "green card," you may proceed to bottom of form. Sign and date.
12. Immigration Status for J-1: Check appropriate J-1 subtype.
13. Actual Primary Activity: Check one activity.
14. Actual Entry Date into the U.S.: Must include month, day, and year. Approximate if you don't know.
15. Start date: Must include month, day, and year. Approximate if you don't know.
16. End Date: Must include month, day, and year. Approximate if you don't know.
17. Occupation: Describe in general the service you will perform
18. Check the appropriate box.
19. Is your spouse in the U.S.? Check the appropriate box. Give number of other dependents in the U.S.
20. Consultants/Self-Employed Individuals: Check the appropriate box. This includes any office at the location specifically identified with you.
21. Tax residence is where you last paid as a resident and can be different from legal residence. Do not include the U.S.