

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 _____