

Payroll Authorization Revisions

The Payroll Authorization has been updated with the addition of new fields, the removal of outdated fields and a general reorganization of the form. We have included drop down lists (outlined in green below) and basic error checking functionality (highlighted in pink below) to assist you when completing this form. Please take a moment to review some of the changes.

THE UNIVERSITY OF CONNECTICUT - PAYROLL AUTHORIZATION	
Department: _____	Name
Faculty Affiliated: _____	Street _____
Department: _____	City & State _____ Zip _____
POSITION IDENTIFICATION	SSN (Required for hires) _____ Section _____
Classified PC# _____	Employee # _____ Ubox _____
Job Opening# _____	Work Phone Number _____
CHECK ALL THAT APPLY	PERSONAL DATA
<input type="checkbox"/> Enter P for Professional or C for Classified	Birthplace: _____
<input type="checkbox"/> NEW Fill vacancy of _____ (Write former name or "New")	Birthdate: _____
<input type="checkbox"/> CONTINUATION beyond current ending date.	Marital Status: _____
<input type="checkbox"/> PROBATIONARY appointment	Gender: _____
<input type="checkbox"/> CHANGE an existing authorization - must be explained under "Remarks"	
<input type="checkbox"/> FUNDING change only	

1. Indicate the PC number for Classified employees.
2. Indicate the Job Opening number (formerly the search number) for Unclassified employees.
3. Enter the Social Security Number (SSN) for new hires only.
4. Provide the Employee number for existing employees.
5. Provide the employee's work phone number.

Payroll Title	Start Date	End Date*	Full time salary #	% of time	Actual Salary	Months of Service per year
Internal Title					\$0	
If Tenure Track, potential tenure year: 6						
KFS Account number	Dept Number	% of Activity	Biweekly salary	Actual Salary	FORMER STATE EMPLOYMENT Please select previous state employment from the list:	
			\$0.00	\$0.00	<input type="text"/>	
			\$0.00	\$0.00	If previously employed by the State of CT indicate agency below	
			\$0.00	\$0.00	Agency: _____	
			\$0.00	\$0.00	EDUCATIONAL BACKGROUND (highest degree):	
			\$0.00	\$0.00	Degree: _____	
			\$0.00	\$0.00	Field Study: _____	
			\$0.00	\$0.00	Institution: _____	
			\$0.00	\$0.00	Date: _____	
Total Activity (must equal 100%)		0%	\$ -	\$ -		
REMARKS: 7						
					8	
					SUPERVISORY STATUS Y/N	
					Does this position have supervisory responsibilities? <input type="checkbox"/>	
					9	
					AUTHORIZATION PREPARED BY	
					Name: _____	
					Phone: _____	

- Indicate the potential tenure year for faculty.
- The total funding activity must equal 100%. This field will stay highlighted until the total reaches 100%.
- Indicate whether this position has a supervisory role.
- Complete this section to assist us in resolving questions that arise.

APPROVAL:	10	Date Received (Payroll use only)
Department Approval:	Print Name Here	
	Date Signed:	
Sign Here		
Director/Dean/Vice President Approval:	10	PAYROLL AUDIT
	Print Name Here	Completed
	Date Signed:	by
Sign Here		Date
		PAYROLL MGR
		Completed
		by
		Date
		Class code
		Empl RCD
		Empl ID

Required for Payroll: Original and 3 copies for Unclassified, 2 copies for Classified **11**

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form PAY Excel (revised 10/13)

- Print the names of the designees who have signatory authority for your department.
- The number of copies required has changed. We request that you send the original signed Payroll Authorization and 3 copies for Unclassified employees and 2 copies for Classified employees.