

SPECIAL PAYROLL AUTHORIZATION - UNIVERSITY OF CONNECTICUT

SOCIAL SECURITY NUMBER		EMPLOYEE NUMBER	
LAST NAME		FIRST NAME	MI
STREET ADDRESS			
CITY		STATE	ZIP CODE

HIRING DEPARTMENT/CONTACT PERSON: _____ **PHONE #** _____

PURPOSE OF AUTHORIZATION

- | | |
|--|---|
| <input type="checkbox"/> NEW HIRE ON SPECIAL PAYROLL | <input type="checkbox"/> TEMPORARY SERVICE IN A HIGHER CLASS (TSHC) |
| <input type="checkbox"/> CONTINUING ON SPECIAL PAYROLL | <input type="checkbox"/> REHIRE WITH BREAK IN SERVICE |
| <input type="checkbox"/> CURRENTLY FACULTY OR PROFESSIONAL | <input type="checkbox"/> CHANGE TO PREVIOUS AUTHORIZATION |

START DATE	END DATE	FRS ACCT	ALLOTMENT

PAYROLL TITLE	DEPARTMENT WORK NUMBER	AFFILIATED DEPT NUMBER

UNIT / U-BOX NUMBER	SEND CHECKS TO SECTION	GRATIS APPOINTMENT
		<input type="radio"/> YES <input checked="" type="radio"/> NO

IF CURRENTLY EMPLOYED AT ANOTHER STATE AGENCY, OTHER THAN UCONN	
AGENCY NAME	AGENCY NUMBER (If known)

IF TEACHING CREDIT COURSES OR INSTRUCTOR, SPECIFY

COURSE	SEC	LOC	DPT	CR	*TCH/REC	*TM/TCH	SEMESTER-FA/SP	DUES: Y OR N

* For Title "Special Payroll Lecturer", Tch/Rec indicator should be Y (for teaching credit course) OR Tm/Tch indicator should be Y (for Team Teaching)

**For Title "Instructional Specialist", Tch/Rec indicator should be N (for not teaching credit course)

PRIMARY OR REGULAR PAYMENT: P / R	% OF TIME:	% GRAD ASST:
<input type="checkbox"/> PRIMARY <input type="checkbox"/> REGULAR		

STIPEND:	UCONN GRADUATE STUDENT: Y / N	RETIRED STATE EMPLOYEE: Y / N

COMMENTS:

Approved Signatures

(As designated in "The Two Signature Rule")

Vice Provost, Dean, or Director

Date

Department Head

Date

Account Holder

Date

NOTE: Employee Name and Authorized Signature must be different.

For Payroll use only: