

Requested by: _____
Department: _____
Date Submitted: _____



Payroll Action Form

Form to be used for all employee payroll actions from New Hire through Termination and any payments, updates or changes during employment

Employee Information

Please use your legal name that is shown on your Social Security Card.

| | | |
|--|-------------------------------|--|
| _____ | | |
| <i>Legal Last Name</i> | <i>Legal First Name</i> | <i>Legal Middle Name</i> |
| _____ | | _____ |
| <i>Mailing Address-only needed for New hires</i> | | <i>City, State and Zip</i> |
| _____ | | _____ |
| _____ | | _____ |
| <i>Contact Number</i> | <i>Email Address</i> | |
| _____ | _____ | |
| _____ | _____ | _____ |
| <i>UIN</i> | <i>Date of Birth</i> | <i>SS# (Required only for New Hires)</i> |
| _____ | _____ | _____ |
| _____ | | _____ |
| <i>Department</i> | <i>Payroll Account Number</i> | |

Payroll Action Requested

Hire Date/Effective Date: _____

| | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Transfer | <input type="checkbox"/> Promotion | <input type="checkbox"/> Staff Technician | <input type="checkbox"/> Termination of Employment |
| Replacing _____ | | | | <input type="radio"/> Voluntary |
| Job Title _____ | Requisition# _____ | | | <input type="radio"/> Involuntary (includes death) |
| # Months _____ | | | | <input type="radio"/> Retirement |
| % Effort _____ | Working with Children/Minors | Yes | No | Last Day Worked: _____ |
| Monthly Salary _____ | | | | <input type="radio"/> Backfill Position |
| Hourly Wage _____ | Driving WT Vehicle: | Yes | No | <input type="radio"/> Close Position Permanently |
| Manager _____ | | | | |

| | | |
|---|---|--|
| <input type="checkbox"/> Change Employment Term to: | <input type="checkbox"/> Change Payroll Account Number: | <input type="checkbox"/> Change Title to: |
| # Months _____ | Account # _____ | _____ |
| <input type="checkbox"/> Change % Effort to: _____ | <input type="checkbox"/> Change Monthly Salary to: \$ _____ | <input type="checkbox"/> Change Hourly Wage to: \$ _____ |

Comments: _____

Special Payment Requested

| | | | |
|---|--------------------|-------------------|----------|
| <input type="checkbox"/> Teaching Overload | Gross Due \$ _____ | Worked From _____ | To _____ |
| <input type="checkbox"/> One-Time Job / Project | Gross Due \$ _____ | Worked From _____ | To _____ |
| <input type="checkbox"/> Other | Gross Due \$ _____ | Worked From _____ | To _____ |

Description: _____

Background Check: _____

Email to : payroll@wtamu.edu