

## PAYROLL AUTHORIZATION (PA) INSTRUCTIONS

The Payroll Authorization (PA) is used to manage the information necessary for an employee's hire or to manage the changes to an employee's position, pay, change in employment status, budgeted account, etc.

Please remember that you must consult with your Human Resources Consultant prior to offering or designating a salary for a new hire. HR Consultant contact information can be found at <http://www.dartmouth.edu/~hrs/>.

### **FOR ALL FORMS PLEASE COMPLETE THE FOLLOWING:**

#### **Effective Date**

Complete the "Effective Date" with the date the action becomes effective. **Please note:** If terminating an employee, a new Payroll Authorization(PA) must be submitted employees. This form **does not** support a specified begin and end date to any assignment. *If the Effective Date is retroactive across calendar years or is more than 60 days in arrears, please contact your HR Consultant before completing this form.*

#### **Requested Action**

Check the relevant boxes to indicate what action(s) are being taken for this employee. **Please note:** Any action for Leave Own Charges(LOC)/Return from Leave Own Charges(LOC) or Leave of Absence(LOA) should not be indicated on this form. Please use the application form provided by HR Benefits on the Human Resources website.

#### **Employment Status**

Check the boxes that apply to the status of the employee (i.e., Temp, Exempt, etc.) It is important to check all boxes that apply, for instance a person may be Non-Exempt/Hourly Staff and Regular and in a Term Position for X period and Grant Funded.

#### **Full Name**

**SSN**

**Department/Organization**

### **FOR NEW HIRES ALSO INCLUDE THE FOLLOWING (\* indicates required field):**

#### **Section 1: Personal Data**

\*Name

\*Gender

Disabled and Veteran's Status is optional. You are not required nor do we expect you to "ask" the employee for this information. If you know the employee is disabled or a veteran please complete it.

\*Social Security Number

\*Date of Birth

\*Citizenship

\*Hinman Box #

Payroll Mailing Address if different from Hinman Box #

- \*Legal Residence Address (do not use PO). This is essential to ensure proper taxation.  
Legal Mailing Address (if different from Legal Residence Address)  
Home Phone
- \*Office Phone
- \*Visa Type (if applicable)
- \*Hours/week. For hourly or salaried staff only indicate the standard number of hours they are expected to work each week. Even though these hours may vary week to week, please indicate 40 or 37.5 for full-time and reduced hours if part-time.
- \*Months/yr. For full time, year round employment, this would be 12.
- \*Department/Organization
- \*Title
- \*Summer Hours
- \*Office Location
- \*Grade
- \*FTE for Faculty/Res. Assoc. A/B/C Fellows only
- \*Highest Degree and Degree Year (faculty only)
- \*Dartmouth Graduate
- \*Timekeeping Location

#### Section 2: Position/Funding/Labor Distribution

- \*Enter the assignment number to which the detail relates, if known.
- \*Enter Position # - may be found on the position description or budget information
- \*Enter G/L or PT AEO string using periods between segments
- \*Enter the Labor Distribution % using a maximum of two decimal places (example .50 to indicate 50%)
- \*Enter the Annual Salary
- \*Enter the Monthly Rate for Exempt Employees or Enter the Hourly Rate for Non-exempt or Union employees.

#### Section 4: Approvals, Contact Information, Comments

The PA form must include all appropriate signatures or it may be returned to you before processing can occur.

- \*Primary Contact Name: Enter the name of the person completing the form
  - \*Phone: Enter primary contact's phone number
  - \*Date Initiated: Enter the date the form was completed and routed for authorized signatures.
  - \*Authorized signatures – obtain the necessary signatures as designated by your division/department/school and the date signed, and
  - \*Print the signatory's name.
- Comments – if there is further information that may expedite the action please provide the information in the Comment Section.

### **FOR CHANGES TO INCUMBENT EMPLOYEES COMPLETE THE FOLLOWING:**

#### Section 1: Personal Data

Complete only the information that is changing in this section as well as full name and SSN.

#### Section 2: Position/Funding/Labor Distribution

*First enter the NEW information in the top section.*

- \*Enter the assignment number to which the detail relates, if known.
- \*Enter Position # - may be found on the position description or budget information
- \*Enter G/L or PTAE0 string using periods between segments
- \*Enter the Labor Distribution % using a maximum of two decimal places (example .50 to indicate 50%)
- \*Enter the Annual Salary
- \*Enter the Monthly Rate for Exempt Employees or Enter the Hourly Rate for Non-exempt or Union employees.

*Then enter the PREVIOUS information in the next section.*

- \*Enter the assignment number to which the detail relates, if known.
- \*Enter Position # - may be found on the position description or budget information
- \*Enter G/L or PTAE0 string using periods between segments
- \*Enter the Labor Distribution % using a maximum of two decimal places (example .50 to indicate 50%)
- \*Enter the Annual Salary
- \*Enter the Monthly Rate for Exempt Employees or Enter the Hourly Rate for Non-exempt or Union employees.

**FOR TERMINATED EMPLOYEES ONLY COMPLETE SECTION 3 AS FOLLOWS:**

**Section 3: Termination Data**

- \*Last day worked. Indicate the last day the employee will be paid for working.
- \*Reason for Termination. Indicate the reason for termination.
- \*Indicate if the resignation letter is attached.
- \*Days vacation to be paid (exempt/salaried only). HRMS does not track vacation days for salaried staff. Please indicate the number of days remaining in the current fiscal year for unused vacation days for this employee as of the day of termination.
- \*Recommended for rehire: Please indicate if you would rehire this employee. If you are unsure whether or not you would re-hire this employee, please contact your HR Consultant to discuss.
- \*Forwarding Address: It is critical that the forwarding address be included to ensure documents such as vacation payout, year end w-2 forms, etc. are sent to the proper address.

**Section 4: Approvals, Contact Information, Comments**

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  - \*Phone: Enter primary contacts phone number
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  - \*Authorized signatures – obtain the necessary signatures as designated by your division/department/school and the date signed, and
  - \*Print the signatory's name.
- Comments – if there is further information that may expedite the action please provide the information in the Comment Section.