

DARTMOUTH COLLEGE PAYROLL AUTHORIZATION FORM

Effective Date(s): (mmddyy)

through

Check requested action:

<input type="checkbox"/> New Employee	<input type="checkbox"/> Rehire/Reappointment	<input type="checkbox"/> Change in FTE (Faculty, Res. Assoc. and Fellows)
<input type="checkbox"/> Transfer	<input type="checkbox"/> Change in Position Title	<input type="checkbox"/> Change in Hours per Week (Staff)(Salaried/Hourly)
<input type="checkbox"/> Promotion	<input type="checkbox"/> Special Rate	<input type="checkbox"/> Change between Exempt/Non-exempt Status
<input type="checkbox"/> Revised hourly rate/salary (must be at beginning of pay period)	<input type="checkbox"/> Termination (provide data on page 2)	<input type="checkbox"/> Change between Temp/Regular Status
<input type="checkbox"/> Revised monthly salary	<input type="checkbox"/> Retirement	EIS Office Use Only I-9 on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Youth Work Cert. on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Change in Account	<input type="checkbox"/> End Assignment	
<input type="checkbox"/> Grade-level change (post-review)	<input type="checkbox"/> Leave Own Charges (LOC)(Faculty only)	
<input type="checkbox"/> Additional assignment	<input type="checkbox"/> Return from LOC (Faculty only)	

Employment Status

<input type="checkbox"/> Exempt/Salaried Staff	<input type="checkbox"/> Faculty	<input type="checkbox"/> Research Fellow	<input type="checkbox"/> Research Associate (A/B/C) _____
<input type="checkbox"/> Non-exempt/Hourly Staff	<input type="checkbox"/> Non-Union Service	<input type="checkbox"/> Union-SEIU	<input type="checkbox"/> Union-IATSE
<input type="checkbox"/> Temporary	<input type="checkbox"/> Regular	<input type="checkbox"/> Term Position	period _____ <input type="checkbox"/> mos <input type="checkbox"/> yrs Grant-funded <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 1: Personal Data

NAME (Last) _____ (First) _____ (M) _____

Gender: Male Female SSN Number: _____

Date of Birth: (mm/dd/yy) _____ Citizenship: _____ Hinman Box # _____

Disabled (opt.): Yes No Veteran's Status (opt.): _____

Payroll Mailing Address (if other than Hinman Box): _____

Legal Residence Address (do not use P.O. Box): _____

Legal Mailing Address (if other than Legal Res.): _____

Home Phone: _____ Office Phone: _____ Visa Type: _____ Hours/week: _____ Months/yr: _____
 (Staff) (Staff)

Department/Organization: _____ Title: _____ Summer Hours Yes No

Office location (bldg and room#): _____ Grade: _____ FTE: _____ (Faculty/Res. Assoc. A/B/C/Fellows)

Highest degree (faculty): _____ Degree year (yyyy): _____

Dartmouth Graduate Yes No Timekeeping location: _____ Crew code (SEIU) _____

THIS IS A TWO-PART FORM. BOTH PAGES MUST BE COMPLETED AND SUBMITTED TOGETHER.
PLEASE CONTINUE TO PAGE 2 FOR TERMINATION INFORMATION, APPROVALS, COMMENTS, AND ROUTING INSTRUCTIONS.

Section 2: Position/Funding/Labor Distribution						
Assignment#	Position #		GL (6 seg./25 char.) or PTAE0 (5 seg./24 char.) format	LD%	Annual Salary	Monthly/Hourly Rate
N E W						
				TOTAL:		
Assignment #	Position #		GL (6 seg./25 char.) or PTAE0 (5 seg./24 char.) format	LD%	Annual Salary	Monthly/Hourly Rate
P R E V I O U S						
				TOTAL:		

Section 3: Termination Data

Last day worked: _____ Forwarding address: _____

Reason for termination: _____ Name/Care of: _____

Resignation letter attached: Yes No

Days vacation to be paid (exempt): _____ Street/P.O. Box: _____
(current Fiscal Year)

City/Town: _____

Recommended for rehire: Yes No State: _____ Zip code: _____
(Contact your HR Consultant to confirm status on file.)

(If immediate/involuntary termination, contact your HR Consultant and submit PA to insure payment within 72 hours.)

Section 4: Approvals, Contact Information, Comments

Primary contact name: _____ Phone: _____ Date initiated: _____

Authorized signatures: _____ Printed name: _____ Date signed: _____

Comments: _____

After obtaining all signatures, please keep a copy for your records. Send all Payroll Authorizations to: EIS/Payroll, HB 6161

Contact EIS/Payroll with questions: 646-2697.