

DARTMOUTH COLLEGE SPECIAL PAYMENTS PAYROLL AUTHORIZATION FORM

Check requested action:

- | | |
|---|--|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Revision from Prior Special |
| <input type="checkbox"/> Rehire/Reappointment | <input type="checkbox"/> Change in Account |
| <input type="checkbox"/> Additional Payment | Student |
| <input type="checkbox"/> Continuation from Prior Special Payments | |

EIS Use Only

I-9 on file: Yes No

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"/> Graduate Student |
| <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 | <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 SS Number: _____

Date of Birth: _____ 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 (staff): _____

Department/Organization: _____ Title: _____

Office location (bldg and room#): _____

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

Dartmouth Graduate Yes No Timekeeping location: _____

**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: Special Payments Position/Funding/Percentage of Payment

Effective dates: From: _____ To: _____ FTE: _____ Eligible for Retirement Yes No

Total payment #1 amount: _____

P a y m e n t # 1	Assignment #	Position #	GL (6 seg./25 char.) or PTAE0 (5 seg./24 char.) format	%	[Redacted]	Monthly Dollar Amount	

Effective dates: From: _____ To: _____ FTE: _____ Eligible for Retirement Yes No

Total payment #2 amount: _____

P a y m e n t # 2	Assignment #	Position #	GL (6 seg./25 char.) or PTAE0 (5 seg./24 char.) format	%	[Redacted]	Monthly Dollar Amount	

Effective dates: From: _____ To: _____ FTE: _____ Eligible for Retirement Yes No

Total payment # 3 amount: _____

P a y m e n t # 3	Assignment #	Position #	GL (6 el./25 dig.) or PTAE0 (5 el./24 dig.) format	%	[Redacted]	Monthly Dollar Amount	

Section 3: Approvals, Contact Information, Comments

Primary contact name: _____ Phone: _____ Today's date: _____

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

Comments: _____