

# Dartmouth College Payroll Authorization

## Please Check Applicable Items:

- New Employee
- Transfer
- Promotion
- Revised Rate/Salary
- Change in Account
- Position Review Reclassification
- Additional Assignment
- Rehire/Reappointment
- Change in Job Title
- Special Rate
- Termination
- Retirement
- End Assignment

Effective Date: \_\_\_\_\_

- Leave of Absence (Return) \*
- Change in FTE (Faculty)
- Change in Hours/week (Staff)
- Change between Exempt/Non-Exempt Status
- Change between Temporary/ Regular Status
- Other \_\_\_\_\_

\* For LOA Departure, complete LOA form

- Temp  Regular  Exempt  Non-Exempt  Union

**Section 1** Name (Last) : \_\_\_\_\_ (First): \_\_\_\_\_ (Middle): \_\_\_\_\_  
 Gender:  M  F Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Disabled (opt)  Yes  No Vet Status (opt): \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_ Hinman Box #: \_\_\_\_\_  
 Payroll Mailing Address (if other than Hinman Box): \_\_\_\_\_  
 Legal Residence Address (Do not use P.O. Box): \_\_\_\_\_  
 Legal Mailing Address (if different than Legal Residence): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Visa Type: \_\_\_\_\_  
 Department: \_\_\_\_\_ Position Title: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Office Location (Bldg and Room): \_\_\_\_\_ Hours/Week (Staff): \_\_\_\_\_  
 FTE (Faculty) \_\_\_\_\_ Months/year: \_\_\_\_\_ Summer Hours:  Yes  No Timekeeping Location#: \_\_\_\_\_

Section 2		Labor Acct	Labor	Research	Labor	Annual	Monthly/
Assign. #	Position#	Name	Acct#	or Training	Dist %	Salary	Hourly Rate
(if known)			& Subcode	Grant	(max = 2 dec.pts)		
<b>New</b>							
<b>Former</b>							

**Section 3** Complete for Terminations Only

Last Day Worked \_\_\_\_\_  
 Reason for Termination \_\_\_\_\_  
 Forwarding Address \_\_\_\_\_

**Human Resources Use Only**

9 on file  Yes  No  
 Youth Work Cert.  Yes  No  
 Dart Card sent \_\_\_\_\_

- Exempt Faculty and Staff Subcodes:**
- .1050 Exempt Staff
  - .1055 Exempt Fac/Special
  - .1060 Exempt Fac Dept Adm
  - .1070 Exempt Cost Sharing
  - .1080 Exempt Temporary Staff
  - .1090 Exempt No Pension
  - .1095 Exempt Reg No Benefits
  - .1100 Tenured Faculty
  - .1110 Faculty No Pension
  - .1120 Tenure Track Faculty
  - .1130 Non-Tenure Track Faculty
  - .1140 Research Associate
  - .1150 Research Associate A
  - .1160 Research Associate B
  - .1170 Res Assoc Part Time
  - .1180 Visiting Faculty Temp
  - .1190 Visiting Faculty Full Time
  - .1300 AP11 Mo Exempt
  - .4490 Research Fellow
- Non-Exempt Staff Subcodes:**
- .1260 Non-Exempt Dept Admin
  - .1270 Non-Exempt Cost Sharing
  - .1300 Non-Exempt Staff
  - .1310 Non-Exempt Reg No Benefit
  - .1320 Non-Exempt Temporary Staff
  - .1340 Trainers
  - .1350 Medical Personnel
  - .1360 Non-Exempt Hopkins Center
  - .1370 Non-Exempt Front House HC
  - .1510 FO&M Service/Other
  - .1520 Special FO&M Labor
  - .1530 FO&M Service/Other
  - .1560 Police - Regular
  - .1570 Police - Extra
  - .1730 Kitchen & Dining
  - .1750 Food Service - Temporary

(If termination/resignation please state reason and attach copy of the resignation letter)

Contact Person (Please Print Name): \_\_\_\_\_ Office Phone: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

# PAYROLL AUTHORIZATION (PA) INSTRUCTIONS

The Payroll Authorization (PA) Form 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.

Shaded areas of section one are required for all new hires. Please remember that you must consult with Human Resources prior to offering or designating a salary for a new hire.

If the form is being used to make changes to an incumbent employee, only those areas that are changing need be completed with the following exceptions which are mandatory: Full name, social security number and effective date.

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

## I. Effective Date

Complete the "Effective Date" with the date the action becomes effective. Please be aware that Human Resources or Payroll may not be able to accommodate your needs if the Effective Date crosses calendar years or is more than 60 days in arrears.

## II. Check the box that applies to the status of the employee (i.e., Temp, Exempt, etc.)

## III. Please Check Applicable Items

- Check the box that applies to the action you are taking.
- Use "Other" if you do not see your action and state specifically the action.

## IV. Section 1 (Employee Information)

### I. New Hires

- Complete all information in this section
- Shaded areas are required.
- Ethnic Origin is optional but is legally required information for Dartmouth to maintain. However, employees have the option of reporting or not reporting their Ethnicity. You are not required nor do we expect you to "ask" the employee for this information. If you know the ethnicity of an employee please complete it.
- Review your information to validate social security number, payroll mailing address, etc. as this information is critical to a correct paycheck.

### II. Changes to Incumbent Employee

- Complete only the information that has changed in this section.
- Required items are full name, social security number and effective date.

## V. Section 2 (Assignment Information)

### I. Former and New Information

- Enter the Assignment Number to which the detail relates, if known.
- Enter position number – may be found on the position description or budget information
- Enter account name, be sure to note whether a 5 account is a Training Grant or a Research Grant
- Enter Account # and Subcode (see the list of valid subcodes in the bottom section)
- Indicate R or T if account relates to a Research or Training grant.
- Enter Labor Distribution % (maximum of 2 decimal places – for example 0.50%)
- Enter the Annual Salary
- Enter the Monthly Rate for Exempt employees, or
- Enter the Hourly Rate for Non-exempt or Union employees

## VI. Section 3 (Termination Information)

### I. Complete Last Day Worked (the actual last day the employee performed a work function for Dartmouth College).

### II. Reason for Termination (for example, Resignation, Illness, Performance, Layoff, etc.)

- If this is a resignation you must attach a copy of the letter of resignation

### III. Forwarding Address (if the employee is leaving the area please request a forwarding address in order for Payroll to send the W-2 and HR to send benefits information to the correct address)

## VII. Section 4 (Signatures and Contacts)

### I. Please indicate the Contact Person's name and office telephone number in order for Payroll and HR to contact your office if there are questions.

### II. Obtain the necessary signatures as designated by your division/department/school and the date signed, and

### III. Please print the signatory's name

## VIII. If you have further information that may expedite your action please put your comments in the "Comments" section.

## IX. Keep the last copy for your records and forward the remaining copies to Human Resources, Hinman Box (HB) 6042, attention Information Processing.

If you have questions regarding this form, please contact Human Resources at 646-2981 (Human.Resources.Information.Processing@Dartmouth.EDU) or Payroll at 646-2697 (Dartmouth.Payroll@Dartmouth.EDU).