PAYROLL REQUEST FORM

Please plan ahead for timely pay. The front office staff needs at least two weeks to process some appointments!

Request (please choose one):				
New appointment Change	in Appointment One-ti	me Payment	Sep	paration
Name	SSN			
Date of Birth:	Current UM employee?	(circle one)	Yes	No
Title	Salary (Hourly Rate, if applicable)			
Account No.(s)	Percentage	DATES		
		Start	End	
	-			
Total Percent Employment				
Purpose of Employment (include U	University search #, if applicable):			
Change in Employment (explain, i	f applicable):			
For new appointments, please inc for applicable paperwork.	clude a CV. Have the new employe	ee see To Elizabo	eth Crowell	
For separation of appointment, pl	lease attach letter of resignation w	ith last date of e	mployment.	
Requestor:		Date:		