



PAYROLL AUTHORIZATION FORM

Hiring – PA40

1. PA40
2. Start Date: _____
3. Main Campus Create Assignment
4. Name: _____
5. Assignment Type: _____
 New Employee Reason: _____
 Rehire of Employee Reason: _____
 Change of Org Assignment Reason: _____
 New Personnel Assignment: _____
6. Position #: _____
7. Job Title: _____
8. FTE: _____
9. Pay Rate: _____ O Hour O Month
10. Annual Salary: _____
11. Cost Center: _____

Please Attach One of the Following

_____ **Salary Proposal (Staff)**

_____ **Offer Letter (FT Faculty)**

_____ **PT Faculty Staffing Request**

_____ **Justification Paperwork**

Position Update – PA40

1. PA40
2. Start Date: _____
3. UKID: _____
4. Name: _____
5. Action Type: _____
6. Action Reason: _____
7. Position #: _____
8. Title: _____
9. Pay Rate: _____ O Hour O Month
10. Annual Salary: _____
11. Cost Center: _____

For New Hires / Rehires
Please Attach the following

_____ **I-9 Paperwork**

_____ **W4 Form**

_____ **K4 Forms**

_____ **Direct Deposit**

• **Attach Voided Check**

_____ **Confidentiality Statement**

_____ **Plan B (For Staff)**

_____ **Local Tax Form**

(If living/working outside Fayette County)

Additional Payment – PA30

1. UKID: _____
2. Name: _____
3. Start Date: _____
4. End Date: _____ (If Recurring Pay)
5. Payment Type: _____
6. Reason: _____
7. Amount: _____
8. Cost Center: _____

Change in Base Pay – PA40

1. UKID: _____
2. Name: _____
3. Start Date: _____
4. Reason Type: _____
5. Amount: _____
 Hourly Monthly
6. Annual Salary: _____

Signed by one of the following for Payment Authorization:

Division Chief: _____

Clinic Manager: _____

Dean Associate: _____

Dean: _____

Area Manager: _____

HR Director: _____