

## Payroll Requisition/Status Form

Submit all copies in advance to the Office of Human Resources with a current job description.

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

**Social Security Number:** \_\_\_ - \_\_\_ - \_\_\_\_\_ **Prefix:**  Mr.  Mrs.  Miss  Ms.  Dr.

Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

**Address** (Check box if change of address. )

Street \_\_\_\_\_ Apartment No. \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Telephone \_\_\_\_\_

New Hire \_\_\_\_\_ Resignation \_\_\_\_\_ Pay Increase \_\_\_\_\_  
Promotion \_\_\_\_\_ Termination \_\_\_\_\_ Rehire \_\_\_\_\_  
Transfer \_\_\_\_\_  
Other, explain: \_\_\_\_\_

- Full-time Staff
- Full-time Faculty 9-month \_\_\_ 12-month \_\_\_
- Part-time Staff, No. of hrs./wk. \_\_\_\_\_
- Temporary, ending date \_\_\_\_\_

Student Worker, No. of hrs./wk. \_\_\_\_\_

**Submit each semester specifying semester & calendar year**

Fed. Work Study: Term \_\_\_\_\_ Year \_\_\_\_\_

TX Work Study: Term \_\_\_\_\_ Year \_\_\_\_\_

Student Assistant: Term \_\_\_\_\_ Year \_\_\_\_\_

**To be completed by HR** Work Study Award: \$ \_\_\_\_\_

Interviewer/Ext: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department Name: \_\_\_\_\_

Position Number: \_\_\_\_\_ GL Number: \_\_\_\_\_

Pay Status:  Salaried/Exempt  Hourly/Non-exempt Advertise Externally:  Yes  No  
Pay Rate: \_\_\_\_\_ *If salaried, indicate monthly wage. If hourly, indicate hourly wage.*  
If change, former rate: \_\_\_\_\_ **Note: An increase in the rate of pay requires additional approval.**

Is position new?  Yes  No Is position in current budget?  Yes  No

If replacement, name of previous employee & date of termination: \_\_\_\_\_

**Signature Requirements:** *All four signatures required for full & part-time positions. Student Worker positions require only the Supervisor/Department Head's signature.*

**Requested by:** Supervisor/Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:** Department VP: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:** Budget/Research Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:** VP Budget/Finance: \_\_\_\_\_ Date: \_\_\_\_\_