

# SOUTHERN METHODIST UNIVERSITY

## PAYROLL AUTHORIZATION FORM

SMU EMPLOYEE ID NUMBER \_\_\_\_\_

POSITION NO. \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

JOB TITLE/RANK \_\_\_\_\_

PAY GRADE \_\_\_\_\_ JOB CODE \_\_\_\_\_ ROUTING CODE \_\_\_\_\_

HOME BASE ORG \_\_\_\_\_

NAME OF HOME BASE \_\_\_\_\_

DEPT. ID/ORGANIZATION CODE

EMPLOYEE TYPE  FACULTY

EMPLOYEE TYPE  EXEMPT STAFF  NON-EXEMPT STAFF

POSITION STATUS  FULL-TIME PERMANENT

POSITION STATUS  FULL-TIME PERMANENT  
35 HRS. OR MORE A WEEK

PART-TIME PERMANENT

FULL-TIME PARTIAL YEAR  
35 HRS. OR MORE A WEEK, LESS THAT 12 MONTHS

PART-TIME PERMANENT  
20-34 HRS. A WEEK

PART-TIME PARTIAL YEAR  
20-34 HRS. A WEEK, LESS THAT 12 MONTHS

NUMBER OF MONTHS WORKED \_\_\_\_\_

NUMBER OF MONTHS WORKED \_\_\_\_\_

CHECK BASE HOURS NORMALLY WORKED IN DEPARTMENT PER PAY PERIOD

75.00 BIWEEKLY

162.50 MONTHLY

80.00 BIWEEKLY

173.33 MONTHLY

SCHEDULED HOURS TO WORK PER PAY PERIOD

CONTRACT MONTHS \_\_\_\_\_

PAY SCHEDULE \_\_\_\_\_

**PROPOSED ACTION**

(CHECK)

- NEW HIRE
- REHIRE
- TRANSFER
- PROMOTION
- PAY RATE CHANGE
- EARNINGS DISTRIBUTION CHANGE
- JOB RECLASSIFICATION
- STATUS CHANGE
- REINSTATEMENT

COMMENTS \_\_\_\_\_

PRESENT MONTHLY/ ANNUAL BASE SALARY \_\_\_\_\_ RATE \_\_\_\_\_

PROPOSED MONTHLY/ ANNUAL BASE SALARY \_\_\_\_\_ RATE \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ END DATE \_\_\_\_\_

**EARNINGS DISTRIBUTION**

FUND	ORGANIZATION	PROJECT	ACCOUNT	PERCENT OF TIME	EFFECTIVE DATE	END DATE

**APPROVALS**

DEPARTMENT CHAIR/DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

VICE-PRESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

DEAN \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL INVESTIGATOR \_\_\_\_\_ DATE \_\_\_\_\_

FINANCIAL OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

HUMAN RESOURCES \_\_\_\_\_ DATE \_\_\_\_\_