

SPECIAL PAYMENTS PAYROLL AUTHORIZATION - STAFF

ACTION CODE	EFFECTIVE DATE	AGENCY CODE 36.04.00	AGENCY CONTACT & PHONE NUMBER Human Resources 240-895-4309				
SOCIAL SECURITY NO. <small>(Verified)</small>		FIRST NAME <small>(Legal name only)</small>		MIDDLE <small>Initial</small>	LAST NAME <small>(Legal name only)</small>		
RATE OF PAY	H/D H	NPH 80	PCT EMP 100	CHK DIST/LOC _____	SUB-PGM _____	PROGRAM OOO	PSEUDO CODE _____
FUND SOURCE FIRST	CODE 40	PERCENT 100	REVIEW CODE O4	CLASS CODE 9008	BIRTH DATE	SEX	ETHNIC ID
SECOND			AGENCY CONTROL/BUDGET NUMBER				RESERVED (PIN)
			FUND	FUNCTION	OBJECT	SUBFUND	
THIRD			ENTRY ON DUTY DATE		(IF EMPLOYEE HAS HAD PREVIOUS CONTRACTS THE ENTRY OF DUTY DATE SHOULD BE THE DATE OF THE ORIGINAL CONTRACT.)		

Department Head Approval: _____

Employee Job Title: _____

Employee ID Number: (CARS) _____

Budget Title: _____

Anthology Timesheet Approver: _____

Hours to be worked each week _____

Check if Applicable Grant Hourly Rate Invalid (Lump Sum Payment)

Forms Required: Vacancy Form
CBC Form
I9
W4 and MW507
Direct Deposit
Questionnaire
Substance Abuse
Drug Test Policy
Software Code
Computer Usage
MD New Hire
Sexual Misconduct
Email (HR ONLY)

I CERTIFY THAT SUFFICIENT FUNDS ARE IDENTIFIED AND AVAILABLE IN THE AGENCY APPROPRIATION FOR CONTRACTUAL EMPLOYMENT TO SUPPORT THIS EXPENDITURE, THAT THE APPROPRIATE CONTROL AGENCY REVIEW STATUS HAS BEEN INDICATED AND THAT APPROVAL HAS OBTAINED BY WAY OF THE 312 PROCESS, IF REQUIRED.

SIGNATURE-FISCAL OFFICER (Personnel)

SIGNATURE-APPOINTING AUTHORITY

DATE

Barbara Hess

NAME-APPOINTING AUTHORITY

ACTION CODE (01-NEW HIRE, 02-TRANSFER, 03-CHANGE, 04-TERMINATE)

REVIEW CODE (REASONS EXEMPT FROM PRE-EMPLOYMENT CONTROL AGENCY REVIEW)

01-STUDENT (FICA EXEMPT)

04-DIRECT EMERGENCY SERVICES

06-COLLEGE FACULTY

14-INCENTIVE AWARDS

ETHNIC ID

01-WHITE (NOT OF HISPANIC ORIGIN): INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE PEOPLES OF EUROPE, NORTH AMERICA OR THE MIDDLE EAST

02-BLACK (NOT OF HISPANIC ORIGIN): INCLUDES PERSONS HAVING ORIGIN IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA

03-ASIAN OR PACIFIC ISLANDERS: INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE PEOPLES OF THE FAR EAST, SOUTHEAST ASIA,

THE INDIAN SUBCONTINENT, OR THE PACIFIC ISLANDS. THIS AREA INCLUDES, FOR EXAMPLE, CHINA, KOREA, THE PHILIPPINE ISLANDS, AND SAMOA.

04-AMERICAN INDIAN OR ALASKAN NATIVE: INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA, AND WHO

MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION

05-HISPANIC: INCLUDES PERSONS OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN, OR OTHER SPANISH CULTURE OF ORIGIN.

For new hires submission of a W4 (Form MW507) is required. The new W4 Form must indicate Payroll Type CT