

PERSONNEL INFO

	Last	First	Middle
Name	Doe	John	A
Previous Assignment #	12345-6	Previous Position #	1000001
New Assignment #	12345-6	New Position #	1000001
Previous Natural Class	6012	SAL FACULTY REG Tenured TenureTrack	
New Natural Class	6012	SAL FACULTY REG Tenured TenureTrack	
	PREVIOUS	NEW	
Annual Salary or Hourly Wage	\$ 40,000.00	\$ 45,000.00	
FTE	1.00	1.00	
Annual Salary for Hourly Employee	-	-	

(Based on 2080 hours for 1.0 FTE)

NEW LD

	G/L KEY	Entity	Organization	Funding	Activity	Sub-Activity	Natural Class	%	\$
	2137	30 tmouth Medical Sc	119 Bio Epi	368001 Subvention DMS	230500 Departmental Administrator	0000 Default	6012 SAL FACULTY REG Tenured T	5.00%	\$ 2,250.00
		-	-	-	-	-	-		\$ -
		-	-	-	-	-	-		\$ -
		-	-	-	-	-	-		\$ -
		-	-	-	-	-	-		\$ -
		-	-	-	-	-	-		\$ -
		New G/L Total						5%	\$ 2,250.00
End Date	PTAEO KEY	Entity	Project	Task	Award	Expenditure Type	Org	%	\$
11/30/2008	8201	30	502428 NCCC CORE	5000 External Funding	L00332 P30CA023108	6012 SAL FACULTY REG Ter	059 Shared Services	5.00%	\$ 2,250.00
10/31/2008	8311	30	502561 Radiation Teeth	5000 External Funding	B00517 HR0011-08-C-0023	6012 SAL FACULTY REG Ter	166 Radiology	85.00%	\$ 38,250.00
3/31/2009	8550	30	502769 Toxic Metals - YR14	5000 External Funding	L00652 P42ES007373	6012 SAL FACULTY REG Ter	110 Ctr Env Health Sci	5.00%	\$ 2,250.00
		-	-	-	-	-	-		\$ -
		-	-	-	-	-	-		\$ -
		New PTAEO TOTAL						95%	\$ 42,750.00

New Grand Total **100%** \$ 45,000.00

PREVIOUS LD

	G/L KEY	Entity	Organization	Funding	Activity	Sub-Activity	Natural Class (Cell B8)	%	\$
	2137	30 tmouth Medical Sc	119 Bio Epi	368001 Subvention DMS	230500 Departmental Administrator	0000 Default	6012 SAL FACULTY REG Tenured T	5.00%	\$ 2,000.00
		-	-	-	-	-	-		\$ -
		-	-	-	-	-	-		\$ -
		-	-	-	-	-	-		\$ -
		-	-	-	-	-	-		\$ -
		-	-	-	-	-	-		\$ -
		Old G/L Total						5.00%	\$ 2,000.00
End Date	PTAEO KEY	N/A	Project	Task	Award	Expenditure Type	Org	%	\$
11/30/2008	8201		502428 NCCC CORE	5000 External Funding	L00332 P30CA023108	6012 SAL FACULTY REG Ter	059 Shared Services	5.00%	\$ 2,000.00
10/31/2008	8311		502561 Radiation Teeth	5000 External Funding	B00517 HR0011-08-C-0023	6012 SAL FACULTY REG Ter	166 Radiology	80.00%	\$ 32,000.00
3/31/2008	7487		501542 CORE GRANT	5000 External Funding	L00348 P42ES007373	6012 SAL FACULTY REG Ter	111 Pharm Tox	10.00%	\$ 4,000.00
		-	-	-	-	-	-		\$ -
		-	-	-	-	-	-		\$ -
		Old PTAEO Total						95.00%	\$ 38,000.00

Old Grand Total **100.00%** \$ 40,000.00

DARTMOUTH COLLEGE PAYROLL AUTHORIZATION FORM

Effective Date(s): 4/1/2008 Through:

Check requested action:

Form section for checking requested actions including New Employee, Transfer, Promotion, Revised hourly rate/salary, Revised monthly salary, Change in Account, Grade-level change, Additional assignment, Rehire/Reappointment, Change in Position Title, Special Rate, Termination, Retirement, End Assignment, Leave Own Charges (LOC), Return from LOC, Change in FTE, Change in Hrs/Wk, Change between Exempt/Non-Exempt Status, Change between Temp/Regular Status.

EIS Office Use Only section with checkboxes for I-9 on file? and Youth Work Certificate on File?

EMPLOYMENT STATUS

Form section for employment status including Temporary, Regular, Term, Exempt/Salaried, Non-exempt/Hourly, Non-Union, Union SEIU, Union - IATSE, Grant Funded, Research Associate, Research Fellow, Faculty, and Research Associate options.

SECTION 1: PERSONAL DATA

Personal data section for John Doe, including fields for Name (Last, First, MI), Gender, Date of Birth, Citizenship, SSN, Hinman #, Payroll Mailing Address, Legal Residence Address, Home Phone, Office Phone, Visa Type, Hours/week, Months/yr, Home OASIS Organization, Title, Summer hours, Office location, Grade, FTE, Highest degree, Degree year, DC Grad, Timekeeping location, and Crew code.

Please continue to reverse/page 2 for Termination information, Approvals, Comments and routing instructions. Contact EIS/Payroll with questions, 646-2697.

Section 2: Position/Funding/Labor Distribution

	Assignment #	Position #	GL (6 el./25 dig.) or PTAE0 (5 el./24 dig.) format						LD%	Annual Salary	Monthly/Hourly Rate	
	NEW	12345-6	1000001	G/L	30	119	368001	230500	0000	6012	5.00%	2,250.00
-		-	G/L	-	-	-	-	-	-		-	-
-		-	G/L	-	-	-	-	-	-		-	-
-		-	G/L	-	-	-	-	-	-		-	-
-		-	G/L	-	-	-	-	-	-		-	-
12345-6		1000001	PTAE0		502428	5000	L00332	6012A	059	5.00%	2,250.00	187.50
12345-6		1000001	PTAE0		502561	5000	B00517	6012A	166	85.00%	38,250.00	3,187.50
12345-6		1000001	PTAE0		502769	5000	L00652	6012A	110	5.00%	2,250.00	187.50
-		-	PTAE0		-	-	-	-A	-		-	-
-		-	PTAE0		-	-	-	-A	-		-	-
									100.00%	\$45,000.00	\$3,750.00	
PREVIOUS	Assignment #	Position #	GL (6 el./25 dig.) or PTAE0 (5 el./24 dig.) format						LD%	Annual Salary	Monthly/Hourly Rate	
	12345-6	1000001	G/L	30	119	368001	230500	0000	6012	5.00%	2,000.00	166.67
	-	-	G/L	-	-	-	-	-	-		-	-
	-	-	G/L	-	-	-	-	-	-		-	-
	-	-	G/L	-	-	-	-	-	-		-	-
	-	-	G/L	-	-	-	-	-	-		-	-
	12345-6	1000001	PTAE0		502428	5000	L00332	6012A	059	5.00%	2,000.00	166.67
	12345-6	1000001	PTAE0		502561	5000	B00517	6012A	166	80.00%	32,000.00	2,666.67
	12345-6	1000001	PTAE0		501542	5000	L00348	6012A	111	10.00%	4,000.00	333.33
	-	-	PTAE0		-	-	-	-A	-		-	-
-	-	PTAE0		-	-	-	-A	-		-	-	
									100.00%	\$40,000.00	\$3,333.33	

Section 3: Termination Data

Last day worked: _____ Forwarding address: _____

Reason for termination: _____ Name/Care of: _____

Resignation letter attached: Yes No

Days vacation to be paid (exempt): _____ Street/P.O. Box: _____
 (current Fiscal Year)

Recommended for rehire: Yes No City/Town: _____

(contact your consultant to confirm status on file!!) State: _____ Zip code: _____

(If immediate/involuntary termination, contact your HR Consultant and submit PA to insure payment within 72 hours.)

Section 4: Approvals, Contact Information, Comments

Primary contact name Angela Beaupre Phone: 650-3441 Date initiated: 3/15/2008

Authorized signatures: _____ Printed name: _____ Date signed: _____

Comments: