EMPLOYEE PERSONNEL REPORT

UNIVERSITY OF GEORGIA

DOCUMENT NO.	PAGE	DATE	FY	DEPARTMENT PHONE	COLLEGE OR DIVISION
	01		12		

DEPARTMENT / PROJECT	PRI DEPT	HIGH DEGREE	INSTITUTION	YEAR

SOC. SEC. NUM.	LAST NAME	FIRST NAME/INITIAL	MIDDLE INITIAL/NAME	SUF

STREET OR ROUTE NO. (LINE 1)	NON-WORK	BIRTH DATE	SPOUSE'S NAME	CHAIR

STREET OR ROUTE NO. (LINE 2)	UNIVERSITY	CITIZEN OF	I-9	VISA	COUN-

CITY	STATE	ZIP + 4	UNIVERSITY BUILDING NAME	BLDG. NO/FLOOR/ROOM

UGA EMPLOYMENT HISTORY
☐ (C) CURRENT ☐ (P) PREVIOUS
DATE ___ ___ ___

PAY TYPE: S

ACTION MO DA YR: 03 04 12

UGA % TIME: 100 000

☐ (1) REGULAR ☑ (3) TEMPORARY
☐ (2) UGA STUDENT ☐ (4) NR-ALIEN

☑ (E) EXEMPT ☐ (N) NON-EXEMPT ☐ (T) TIPPED

☐ (M) MALE ☐ (S) SINGLE ☐ (Y) FACULTY RANK ___
☑ (F) FEMALE ☐ (M) MARRIED ☑ (N) NON-FACULTY

☐ (1) WHITE ☑ (3) ORIENTAL/ASIAN ☐ (5) HISPANIC
☐ (2) BLACK ☐ (4) AMERICAN INDIAN ☐ (6) MULTIRACIAL
☐ (9) ___

FOR PAYROLL DEPT USE ONLY

FED EXM	STATE EXM

OASDI ___ RETIRE ___ GDCP ___
H I ___ EIC ___

COUNTY MONEY (PER PAY PERIOD) ___

COOP. EXT. EMPLOYEES
UGA SALARY ___
COUNTY MONEY ___
TOTAL ___

PAYROLL PAYMENT DISTRIBUTION
☐ (1) SEND TO DEPT (DIST CODE) ___
☐ (2) DIRECT DEPOSIT (SEND PR105 TO PAYROLL)
☐ (3) PICK UP AT PAYROLL WINDOW

TRX	HOME DEPT	SHORT TITLE	POSN NO.	APPT. BEGIN MO DA YR HR	APPT. END MO DA YR HR	JOBCLASS CODE	POSITION TITLE	POS	% TIME	C N	FULL TIME ANNUAL SALARY	S C	SUPPLEMENT AMOUNT
	806	CLRTC	43A	07 01 11 00	06 30 12 80	00095	ADMINSITRATIVE ASSOCIATE I	1	00000	N	28,384		

PAYROLL AUTHORIZATION

	HOME DEPT	SHORT TITLE	POSN NO.	ACCOUNT	FISCAL YEAR EFT	FISCAL YEAR BUDGET
	806	CLRTC	43A	5560GN806031	83500	23708
				TOTALS	83500	23951

	MO DA YR HR	MO DA YR HR	MO DA YR HR	MO DA YR HR	MO DA YR HR
FROM	07 01 11 00				
TO	06 30 12 80				
AMOUNT PER PAY PERIOD	13 594				
OR					
HOURLY RATE					

☐ (A) NEW UGA EMPLOYEE ☐ (B) LATERAL TRANSFER ☐ (C) PROMOTION
☐ (D) REPLACEMENT POSITION - NAME OF LAST INCUMBENT ___
☐ (E) APPOINTMENT TO NEW POSITION
☐ (F) CHANGE % TIME EMPLOYED FROM ___ TO ___
☐ (G) CONTINUATION WITHIN EXISTING BUD-
☐ (H) REVISE DISTRIBUTION OF SALARY
☐ (I) TRANSFER FROM DEPT ___ TO ___
☐ (J) CHANGE PAY TYPE FROM ___ TO ___

☐ (K) CHANGE TITLE FROM ___ TO ___
☐ (L) CHANGE NAME FROM ___ TO ___
☐ (M) CHANGE SSN FROM ___ TO ___
☑ (N) LEAVE W/O PAY 03/05/12 TO 05/02/12
☐ (O) CHG COUNTY $ ___ TO ___
☐ (P) TERMINATION - REASON ___ TO ___
☐ (Q) OTHER (SPECIFY) ___

REMARKS

Employee on LWOP 3/5/12- 5/2/12 for a total of 43 days

SALARIED - LWOP

DOCUMENT NO.	PAGE	DATE	FY	DEPARTMENT/PROJECT
			12	

SOC.SEC.NUM.	LAST NAME	FIRST NAME/INITIAL	MIDDLE NAME/INIT.	SUF

UNIVERSITY OF GEORGIA BUDGET AMENDMENT

BUDGET POSITION

HOME DEPT	POSN NO.	APPT. BEGIN MO DA YR HR	APPT. END MO DA YR HR	JOB CLASS CODE	POSITION TITLE	POS % TIME	C N	FULL TIME ANNUAL SALARY	S C	SUPPLEMENT AMOUNT
				00095		1 00000	N	28,384		

BUDGET AMENDMENT (PERSONAL AND NON-PERSONAL SERVICES)

HOME DEPT	POSN NO.	ACCOUNT	OBJECT	DESCRIPTION	CURRENT EFT	CURRENT BUDGET	CHANGE EFT	+ -	CHANGE AMT	-	REVISED EFT	REVISED BUDGET
806 CLRTC	43A	5560GN806031	51120		1 00000	28384	16500	-	4676	-	83500	23708
806 STUWK	L A	5560GN806031	51200		81100	15259	24800	+	4676	+	1 05900	19935
TOTALS					2 00000	43643	09100	+			1 90200	43643

FUNDING SOURCE (DEPARTMENTAL INCOME OR CONTINGENCY)

ACCOUNT	OBJECT	FUNDING SOURCE	CHANGE AMT	+ -
		TOTAL		

REMARKS / REFERENCE

LWOP from 03/04/2011 through 05/03/2011

APPROVAL	DATE	APPROVAL	DATE	DEPT HEAD	DATE	V. PRESEIDENT	DATE	CONTRACTS &	DATE
APPROVAL	DATE	UNIT/PROJECT	DATE	DEAN/DIRECTOR	DATE	BUDGET REVIEW	DATE	BUDGET OFFICE	DATE

SALARIED - LWOP