

INTERCAMPUS ONE-TIME PAYMENT FORM

UPAY 644C-T (R8/98)

HOME CAMPUS: _____ HOME DEPARTMENT: _____ HOME SCHOOL: _____

HOST CAMPUS: _____ HOST DEPARTMENT: _____ HOST SCHOOL: _____

HOME CAMPUS INFORMATION

Employee Name _____ Employee ID Number _____
 Home Campus Appointment _____ Title Code _____ Step/Grade _____
 Salary (Annual) _____ Salary (Monthly) _____ 09/09 09/12 11/12 Appointment % _____

HOST CAMPUS INFORMATION

Host Campus Temporary Appointment _____ Title Code _____ Step/Grade _____
 Event/Service Dates _____ to _____ One-Time Payment \$ _____ Hours to be Paid _____ Pay Rate \$ _____
 Description of Service (DOS) Code (For example: REG, Regular; BYA, By Agreement; HON, Honorarium; etc.): _____
 Host Campus Fund Source to be Charged _____ Account Name _____
 Location Account Cost Center Fund Project Code Sub

EVENT/SERVICE AND COMPENSATION INFORMATION

Please explain details of event/service and compensation:

APPROVALS

Host Campus Fund Source Authorization _____ Host Campus Dean's Office/Academic Personnel _____ Home Campus Dean's Office/Academic Personnel _____

FOR PAYROLL USE

EMPLOYEE NAME		TR CODE	PAY PERIOD ENDING			PAY CYCLE TYPE	ACCT DIST NO	E R C	T Y P	D U C	TITLE CODE	LOC / ACCOUNT / COST CENTER / FUND / PROJECT / SUB													Rate Amount	A H						
FMPI OFF ID NO			MM	DD	YY																											
1	9	10	11	12	17	18	19	20	90	91	92	22	25	26	27		32	33	36	37		41	42			47	48	56		62	63	
		A	P																													

REGULAR TIME					OVERTIME OR LEAVE TIME								
DESC SERV	TOTAL REGULAR TIME ON PAY STATUS		H %	DESC SERV	TIME IN HOURS		DESC SERV	TIME IN HOURS		W S P			
64	66	67	71	72	73	75	76	80	81	83	84	88	89