

# 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
EMPI OFF ID NO			MM	DD	YY		19	20	90	91	92	22	25	26	27	32	33	36	37	41	42	47	48	56	62	63	
1	9	A	10	11	12	17																					

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

RETN: ACCOUNTING: 5 YRS SUBJECT TO CONTRACT AND GRAN REQUIREMENTS  
OTHER COPIES: 0 5 YRS

CC: EMPLOYEE'S HOME DEPARTMENT