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 / EMPLOYEE ID NO	TR CODE		PAY PERIOD ENDING MM DD YY	PAY CYCLE TYPE	ACCT DIST NO	ERC	TYP	DUC	TITLE CODE	LOC / ACCOUNT / COST CENTER / FUND / PROJECT / SUB	Rate Amount	AH
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	WSP
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 DEPARMENT