

INTERCAMPUS ONE-TIME PAYMENT FORM

UPAY 644C-T (Rev 3/13)

HOME CAMPUS: _____

HOME DEPARTMENT/SCHOOL: _____

HOST CAMPUS: _____

HOST DEPARTMENT/SCHOOL: _____

HOME CAMPUS INFORMATION

Employee Name _____ Employee ID Number _____

Home Campus Appointment _____ Title Code _____ Step _____

Salary (Annual) _____ Salary (Monthly) _____ 09/09 09/12 11/12 Appointment % _____

HOST CAMPUS INFORMATION

Host Campus Temporary Appointment _____ Title Code 1650 (Lecture) 3999 (program review /misc.) 3700 (consulting)

Event/Service Dates _____ to _____ One-Time Payment \$ _____ Or hours to be Paid _____ Pay Rate _____

Description of Service (DOS) Code (Use HON for title code 1650 and 3999; use FCA for title code 3700) _____

Host Campus Fund Source to be Charged _____
 Location code Account Fund Dept Program Chartfield 1 Chartfield2 Fund Description

EVENT/SERVICE AND COMPENSATION INFORMATION

Please explain details of event/service and compensation:

APPROVALS

Host Campus Fund Source Authorization

Host Campus Dean's Office and/or 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

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

CC: EMPLOYEE'S HOME DEPARTMENT