

FSHN Personnel and Payroll / Tuition Distribution Request Form

Instructions: You will complete the appropriate section depending on your request, obtain supervisor / faculty signature and then email this form to FSHN-Admin@ifas.ufl.edu.

Please note all supervisors are responsible for approving employees time and/or leave and are required to have the Time Approver Security Role.

Employee Name

UFID#

Please fill out the section for the appropriate job action:

Section One: New Hire

Begin Date	End Date	Federal Work Study	Graduate Assistant
		Student Assistant	Staff
Hours Per Week		OPS	Postdoc

Rate (hourly or annual)

Check Box if Paying from More Than One Source:

Account to Charge

Explain how to split

Provide a brief description of job duties

Section Two: Job Edit / Termination

Effective Date	Title Change	FTE	Pay Rate	Termination
New Title	Hour Per Week		New Pay Rate	
Description				

Section Three: Payroll / Tuition Waiver Distribution Change

Payroll Distribution

Tuition Distribution

Begin Date	End Date	Semester / Year	
Percent	Account	Percent	Account
Percent	Account	Percent	Account

Internal Office Use Below:

Immediate Supervisor Signature (if different from PI / Faculty)

Faculty / PI Signature (or designee)

Posted to Personnel Projection & Fiscal Spreadsheets

Administrative Services Manager Signature

Revised 10/15/20