

**PAYROLL
DATA SHEET**

1. **CHANGE:*** FUNDING SOURCE HAS CHANGED FROM PREVIOUSLY PROVIDED INFORMATION

**Changes to budgets/funds charged Only! Cannot be used to change salary.*

DATE: _____

2. **NEW APPT:** ATTACH TO MEMORANDUM OF PERSONAL SERVICE/LETTER OF OFFER

Budget/funds to be charged should agree with the IBIS Appt form.

8. **NAME:**

3. **REAPPT:** ATTACH TO MEMORANDUM OF PERSONAL SERVICE/LETTER OF OFFER

(Last name, First name)

Budget/funds to be charged should agree with the IBIS Appt form.

9. **PSU ID#** _____

4. **OTHER:**

10. **PROGRAM:** _____

5. **ANNUAL SALARY:** _____ 6. **MONTHLY SALARY:** _____

7. **CLASS**

11. **RANK/TITLE:** _____

COMMENTS:

12. **FUNDING SOURCE(S):**

** The change from fund should be indicated by () in the amount column.*

If Funding Source Does Not Equal 100% of the Monthly Salary for Period of Appt., Complete No. 13
DOLLARS SHOULD BE CONVERTED TO PERCENTS OF TOTAL MONTHLY SALARY
Sections: "a" through "i" must = 100% unless anticipated funding is included.

GENERAL FUNDS:

	SOURCE			DATE(S) OF SUPPORT			MO. % OF EFFORT	AMOUNT
	Dept. No.	Fund No.	Cost Center	Start	to	End		
a.	_____	_____	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____	_____	_____

MISCELLANEOUS FUNDS:

FUND NAME (Optional)

	SOURCE			DATE(S) OF SUPPORT			MO. % OF EFFORT	AMOUNT
	Dept. No.	Fund No.	Cost Center	Start	to	End		
d.	_____	_____	_____	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____	_____	_____	_____
g.	_____	_____	_____	_____	_____	_____	_____	_____
h.	_____	_____	_____	_____	_____	_____	_____	_____
i.	_____	_____	_____	_____	_____	_____	_____	_____

ANTICIPATED FUNDING:

(If continuation of number above, type "SAME." If future funding is another source, provide information.)

	AGENCY/SOURCE			DATE(S) OF SUPPORT			MO. % OF EFFORT	AMOUNT
	Start	to	End	Start	to	End		
Letter as above if Same funding source.	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____

If there is a lapse in the period of support/percentage, please include the information below accordingly.

PLEASE NOTE: UPDATED PAYROLL DATA SHEET IS NOT REQUIRED WHEN ANTICIPATED FUNDING IS RECEIVED. NEW FUND NUMBER WILL AUTOMATICALLY BE ASSIGNED IF ANTICIPATED FUNDING WAS PREVIOUSLY PROVIDED.

14. **SIGNATURE:** _____ Date _____

CHANGE REQUESTED BY:

(Signature is Optional and may be Required at the Departmental/Center Level)

HUMAN RESOURCES REP: * _____ Date _____ FINANCIAL OFFICER: * _____ Date _____

* Not Required When "Change" in Source (no.1)