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: (Last name, First name)

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

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:

	S O U R C E			**DATE(S) OF SUPPORT**			**MO. %**	
	Dept. No.	**Fund No.**	**Cost Center**	**Start**	**to**	**End**	**OF EFFORT**	**AMOUNT**
a.								
b.								
c.								

MISCELLANEOUS FUNDS:

FUND NAME (Optional)		***S O U R C E***			**DATE(S) OF SUPPORT**			**MO. %**	
		Dept. No.	**Fund No.**	**Cost Center**	**Start**	**to**	**End**	**OF EFFORT**	**AMOUNT**
	d.								
	e.								
	f.								
	g.								
	h.								
	i.								

ANTICIPATED FUNDING:

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

	A G E N C Y / S O U R C E			**DATE(S) OF SUPPORT**			**MO. %**	
				Start	**to**	**End**	**OF EFFORT**	**AMOUNT**

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

Letter as above if Same funding source.								

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)