

Last Name, First Name

# Weber State University

## Personnel/Payroll Action Request

### INSTRUCTIONS

Send Salaried PARs to Human Resources (MC 1016) after obtaining department chair/supervisor and dean or director signatures.

Human Resources Help: (801) 626-6032, Payroll Help: (801) 626-6031

<b>ACTION:</b> Other <b>CLASS:</b> Salaried <b>Last Name:</b> Last Name <b>First Name:</b> First Name <b>ID#:</b> W00000000	<b>CATEGORY:</b> Faculty <b>TYPE OF PAY:</b> <b>Supervisor Name:</b> Supervisor Name <b>Supervisor Mail Code, Phone:</b> 0000, 0000 <b>Employee Mail Code, Phone:</b> 0000, 0000
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**Job Title:** Principal Investigator

FUND	ORGN	PROG	Index	Department	Start Date	End Date	Amount
							\$0.00
							\$0.00
							\$0.00
							\$0.00

**Total: \$0.00**

**REMARKS**

**Position Status:**

For Payroll Dept Use	
Veteran _____	Handicapped _____ EEO Status _____
Emp Class _____	Position Number _____ % of Time _____ Months _____
Salary Schedule _____	Job Class _____ Earnings Code _____
T.K. Calendar _____	Tax Status _____ Exempt _____ FICA <input type="checkbox"/> Y <input type="checkbox"/> N

**Phone:** 6266055

**Preparer:** Christina Millard

**Date:** 30-Jun-2004