

INTERLOCATION ONE-TIME PAYMENT FORM

UPAY 644C-T (R5/11)

HOME LOCATION: _____ HOME DEPARTMENT: _____

HOST LOCATION: _____ HOST DEPARTMENT: _____

HOME LOCATION INFORMATION

EMPLOYEE NAME: _____ EMPLOYEE ID #: _____

HOME LOCATION APPOINTMENT TITLE: _____ TITLE CODE: _____ STEP/GRADE: _____

ANNUAL OR MONTHLY/HOURLY SALARY: _____ 09/09 09/12 11/12 APPOINTMENT %: _____

HOST LOCATION INFORMATION

HOST LOCATION TEMPORARY OR MULTICAMPUS APPOINTMENT TITLE: _____ TITLE CODE: _____ STEP/GRADE: _____

EVENT SERVICES DATE: _____ TO _____ ONE -TIME PAYMENT\$: _____ HOURS TO BE PAID: _____

PAY RATE: _____ DESCRIPTION OF SERVICE (DOS) CODE (For example: HON, Honorarium, etc.): _____

HOST LOCATION FUND SOURCE TO BE CHARGED: _____ ACCOUNT NAME: _____

LOCATION ACCOUNT COST CENTER FUND PROJECT CODE SUB

EVENT/SERVICE AND COMPENSATION INFORMATION

PLEASE EXPLAIN DETAILS OF EVENT/SERVICE AND COMPENSATION

APPROVALS

Host Location Fund Source Authorization Host Location Dean's Office/Academic or Staff Personnel Home Location Dean's Office/Academic or Staff Personnel

HOME CAMPUS PAYROLL USE ONLY:

EMPLOYEE NAME EMPLOYEE NUMBER	TR CODE	PAY PERIOD END	PAY CYCLE TYPE	ACCT DIST NO	E R C	T Y P	D U C	TITLE CODE	LOC/ACCOUNT/COST CENTER/FUND/PROJECT/SUB														
1	9	10	11	12	17	18	19	20	90	91	92	22	25	26	27	32	33	36	37	41	42	47	48
	AP																						

RATE AMOUNT	A H	REGULAR TIME					OVERTIME OR LEAVE TIME									
		DESC	TOTAL REGULAR TIME ON PAY STATUS	H %	DESC SERV	TIME HOURS	DESC SERV	TIME HOURS								
56	62	63	64	66	67	71	72	73	75	76	80	81	83	84	88	89

CC: EMPLOYEE'S HOME DEPT.

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