

TEMPORARY INTERLOCATION OR MULTILLOCATION APPOINTMENT FORM

UPAY 560-T (05/11)

HOME LOCATION: _____

HOME DEPARTMENT: _____

HOST LOCATION: _____

HOST DEPARTMENT: _____

HOME LOCATION INFORMATION

EMPLOYEE NAME: _____

EMPLOYEE ID #: _____

HOME LOCATION APPOINTMENT TITLE: _____

TITLE CODE: _____ STEP/GRADE: _____

MONTHLY OR HOURLY SALARY: _____

09/09 09/12 11/12 APPOINTMENT %: _____

HOST LOCATION INFORMATION

HOST LOCATION TEMPORARY OR
MULTICAMPUS APPOINTMENT TITLE: _____

TITLE CODE: _____ STEP/GRADE: _____

MONTHLY OR HOURLY SALARY: _____

09/09 09/12 11/12 APPOINTMENT %: _____

PAY PERIOD DATES: _____ TO _____

DESCRIPTION OF SERVICE (DOS)
CODE (e.g. REG, Regular, BYA, By Agreement): _____

HOST LOCATION FUND
SOURCE TO BE CHARGED: _____

ACCOUNT
NAME: _____

LOCATION ACCOUNT COST CENTER FUND PROJECT CODE SUB

DIST%: _____

REASON FOR APPOINTMENT

APPROVALS

HOST LOCATION FUND SOURCE AUTHORIZATION: _____

Date : _____ Phone: _____

HOST LOCATION DEAN'S OFFICE/ACADEMIC OR STAFF PERSONNEL: _____

Date : _____ Phone: _____

HOME LOCATION DEAN'S OFFICE/ACADEMIC OR STAFF PERSONNEL: _____

Date : _____ Phone: _____

RETN ACCOUNTING: 5 YEARS AFTER SEPARATION, EXCEPT IN CASES OF DISABILITY, RETIREMENT, OR DISPLINARY ACTION, IN WHICH CASE RETAIN UNTIL AGE 70.
OTHER COPIES: 0-5 YEARS AFTER SEPARATION.

CC:EMPLOYEE'S HOME DEPARTMENT