

*APPENDIX D UPAY 644-C-T



INTERLOCATION ONE-TIME PAYMENT FORM
 UPAY 644-C-T (R6/01)

HOME LOCATION: _____ HOME DEPARTMENT: _____ HOME SCHOOL: _____

HOST LOCATION: _____ HOST DEPARTMENT: _____ HOST SCHOOL: _____

HOME LOCATION INFO.	Employee Name _____ Employee ID Number _____
	Home Location Position Title _____ Title Code _____ Step/Grade _____
	Salary _____ / _____ <input type="checkbox"/> 09/09 <input type="checkbox"/> 09/12 <input type="checkbox"/> 11/12 <input type="checkbox"/> 12/12 Appointment % _____ (Annual) (Monthly/Hourly)
HOST LOCATION INFO.	Host Location Temporary Position Title _____ Title Code _____ Step/Grade _____
	Event/Service Dates _____ to _____ One-Time Payment \$ _____ Hours to be Paid _____ Pay Rate _____
	Description of Service (DOS) Code (For example: BYA, By-Agreement; HON, Honorarium; etc.): _____
	Host Location Fund Source to be Charged _____ <small>(Location/Account/Cost Center/Fund/Project Code/Sub) (Name of Account)</small>
	Laboratory/Hastings Fund Source to be Charged _____
EVENT INFO.	Please explain details of event/service and compensation:

Host Location Fund Source Authorization _____

Host Location Dean's Office/Academic or Staff Personnel _____

Home Location Dean's Office/Academic or Staff Personnel _____

Host Contact _____ Phone # _____

Home Contact _____ Phone # _____

FOR PAYROLL USE:

EMPLOYEE NAME		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							
EMPLOYEE ID NO	10 11									12 17	18	19 20	90	91	92	22 25	26 27
1	9		MM DD YY														
		A P															

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

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

CC: EMPLOYEE'S HOME DEPARTMENT