

Employer WM	Banner ID		Date		
VM	Last Name	First Name		Middle	
<b>Action Requested</b>					
Select Type of Action	Leave Options	Percent of Pay	Effective Date	End Date	
<b>Assignment Information</b>					
Position Number	Role Title/Internal Title	Department	Location	Time Sheet Org #	
Supervisor's Name	Supervisor's Position #	Time Sheet Approver's Name		TimeSheet Appr's Pos #	
Employee Class	Employment Status	Salary	Job FTE		
Part time or full time status	If part time # of hours per week	Term of Contract			
<b>Additional Information</b>					
Comments or explanation for payment.					
<b>Instructional Faculty Information</b>					
Faculty Rank	Tenure Status	Tenure Year			
<b>Separation Information</b>					
Last Day of Work	Separation Reason				
<b>Labor Distribution</b>					
Index	Account	Activity	PMIS Prg/SubPrg	Percentage	Amount
<b>Approvals</b>			<b>Funding Approvals based on Source of Funds</b>		
1. Supervisor/PI		Date	5. Sponsored Programs		Date
2. Department Head		Date	6. Investment Administration		Date
3. Dean/Vice President		Date	7. Finance/Budget		Date
4. Provost/Chief Operating Officer/VP Research		Date			Date
Compensation		Banner:	I-9 Completed:	I-9 Verified date:	