

Employer WM	Banner ID		Date		
VM	Last Name	First Name		Middle	
Action Requested					
Select Type of Action	Leave Options	Percent of Pay	Effective Date	End Date	
Assignment Information					
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			
Additional Information					
Comments or explanation for payment.					
Instructional Faculty Information					
Faculty Rank	Tenure Status	Tenure Year			
Separation Information					
Last Day of Work	Separation Reason				
Labor Distribution					
Index	Account	Activity	PMIS Prg/SubPrg	Percentage	Amount
Approvals			Funding Approvals based on Source of Funds		
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:	