



OLD DOMINION UNIVERSITY RESEARCH FOUNDATION

Payroll Authorization Form (108)

Revised July 1, 2009

Status: [] Regular [] SSRP [] Faculty [] Post Doc
[] GRA [] Casual (Student) [] Temporary (Non-Student)

ODU Student Status: [] No [] Yes: [] Graduate [] Undergraduate

ODURF USE ONLY
HR _____
GCA _____
Data Entry _____
PY Verify _____

PART I: PERSONAL (To be completed by EMPLOYEE) New employees must complete all required new hire paperwork BEFORE employment begins

A: PERSONAL DATA

Name: _____ UIN#: _____ DOB: ____/____/____
Last First M.I.

Mailing Address for Checks/Stubs: _____
Street City, State, Zip

Permanent Address: _____
Street City, State, Zip

Phone No.: Dept.: _____ Home: _____

Emergency Contact: _____
Last First Relationship Phone

B. AA/EEO REQUIRED DATA (For statistical use only; check one in each section)

GENDER: [] Male [] Female MARITAL STATUS: [] Single [] Married VETERAN STATUS: [] No [] Disabled Veteran [] Recently separated (within last 3 years)
[] Do not want to identify status [] Armed Forces Service Medal [] Other Protected Veteran

ETHNIC GROUP: [] Hispanic/Latino [] White (Not Hispanic/Latino) [] Black/African American (Not Hispanic/Latino)
[] Native Hawaiian/Pacific Islander (Not Hispanic/Latino) [] Asian (Not Hispanic/Latino)
[] American Indian/Alaskan Native (Not Hispanic/Latino) [] Two or More (Not Hispanic/Latino)

C. I understand the executive director or human resources director of the Research Foundation are the only people with legal authority to establish my pay, appoint, re-appoint, terminate or in any other way affect my employment status. I agree and accept any oral or written promises by any other persons are not binding upon the Research Foundation. I understand this form is not an employment contract. Employment may be terminated at will, with or without cause, either by the Research Foundation or myself.

Acknowledged by: _____ Date: _____

PART II: JOB INFORMATION (To be completed by PI)

Job Title Assignment _____
Employing Department _____
Average Hours Per Week _____

[] Exempt Annual Salary (\$/Year) _____
[] Non-Exempt Hourly Rate (\$/Hour) _____
[] GRA Rate (\$) _____ [] Academic Year [] Semester
[] Faculty Rate (\$) _____ [] Summer [] Overload (Form required)

PART III: PROJECT FUNDING (To be completed by PI)

Table with columns: Project #, Budget Amt (\$) For Period, DATES From (MM/DD/YY) To (MM/DD/YY)

PI Signature _____ Date _____ Phone # _____

Graduate Research Assistant Appointment- Tuition Exemption

[] Yes (Complete Information Below) [] No
[] University Masters: [] 25% [] 50% [] 75% [] 100%
[] 61% (Only for out of state master's students with existing contracts)
[] *Research Foundation Masters: [] 25% [] 50% [] 75% [] 100%
[] 61% (Only for out of state master's students with existing contracts)
[] University Doctoral - 100% [] *Research Foundation Doctoral-100%
*Must attach a copy of student Tuition E-bill for payment through the Research Foundation.

My signature certifies that this student has been appointed as a GRA and is enrolled for the required number of credit hours at Old Dominion University.

Department Chair _____ Date _____ Phone # _____
(GRA, Faculty Overload)

Dean _____ Date _____ Phone # _____
(GRA, Faculty Overload)

Research Foundation USE ONLY
Object Code, Pay Period Rate, %FTE, Payroll Periods From To
US Citizen Y/N, I-9 Expires, Tax Resident Y/N
Pay Change, FICA Y/N, E-Verify
Department, Pay Class, Job ID
Students: Semester, Credit Hours, Degree
Regular Employees: Life, LTD
Faculty rate per period \$, expressed as B @ 100% FTE
HR / Payroll Notes



OLD DOMINION UNIVERSITY RESEARCH FOUNDATION
PAYROLL AUTHORIZATION FORM (108)

Instruction Sheet

TOP OF FORM

Check Type of Employee: REGULAR, SSRP, FACULTY, POST DOC, GRA, CASUAL (STUDENT), TEMPORARY (NON- STUDENT)

Check Student Status: YES or NO

If YES, indicate GRADUATE or UNDERGRADUATE (example: Yes, Graduate)

PART I: PERSONAL (Employee Completes)

A: PERSONAL DATA – Complete for each transaction

B: AA/EEO REQUIRED DATA – Complete for each transaction

C: CERTIFICATION / EMPLOYEE SIGNATURE – Complete for each transaction

PART II: JOB INFORMATION (PI Completes)

PI completes Job Title, Employing Department, and Average Hours per week.

Check one pay status (Exempt, Annual, Non-Exempt Hourly Rate, GRA Rate, or Faculty Rate)

Enter the appropriate corresponding pay amount as follows:

Exempt Annual Salary (i.e. \$25,000 per year)

Non-Exempt Hourly Rate (i.e. \$8.50 per hour)

GRA Rate (i.e. \$10,000 per academic year, or \$5,000 per semester)

*Faculty Rate (i.e. \$12,500 – Summer, or \$5,000 - Overload)

*NOTE: Faculty overload requires additional “Faculty Supplemental Compensation Authorization Form”

PART III. PROJECT FUNDING (PI Completes)

Enter Project Number, Budget Amount for Period (\$), and Date Range (MM/DD/YY). Budget Amount for Period (\$) is the amount required for base pay for the range of dates specified.

UP TO FOUR SEPARATE PROJECTS OR TIME PERIODS MAY BE INCLUDED ON ONE FORM

Signatures: PI Signature required for all transactions
Department Chair Signature required for GRA and Faculty Overload
Dean Signature required for GRA and Faculty Overload

GRADUATE RESEARCH ASSISTANT APPOINTMENT (Department completes)

Signature of Department Chair and Dean certifies this student has been appointed as a GRA and is eligible for tuition exemption if awarded.

Indicate if there is a Tuition Exemption Yes No. If yes, completed information on sources and amount by checking appropriate information below:

University Masters: 25% 50% 75% 100% 61% (Only for out of state master’s students with existing contracts.)

*Research Foundation Masters: 25% 50% 75% 100% 61% (Only for out of state master’s students with existing contracts.)

University Doctoral- 100% *Research Foundation Doctoral-100%

*Must attach a copy of student tuition E-bill for payment through the Research Foundation.

REQUEST FOR OVERLOAD PAYMENTS

All requests require submission of signed Supplemental Compensation Authorization Form, in addition to “108 Payroll Authorization Form.” Use “Faculty Supplemental Compensation Authorization Form” or “ Non-Faculty Supplemental Compensation Authorization Form”.

Faculty Overload Required Signatures: Department Chair Signature
Dean Signature
GCA Signature
Executive Director Signature

Regular Status Required Signatures: Principal Investigator Signature
GCA Signature

Student Status Required Signatures: Principal Investigator Signature (Casual / Temporary / GRA)
Department Chair Signature (GRA)
Dean Signature (GRA)
GCA Signature (Casual / Temporary / GRA)