



**UNIVERSITY PAYROLL SERVICES
EMPLOYEE DATA FORM**

Name: _____ Employee #: _____
 Address: _____ USC ID/IVIP#: _____
 _____ Social Sec #: _____

ACTION (check one)
 _____ New Hire _____ Rehire
 _____ Promotion _____ Reclassification
 _____ Late Pay _____ PCR
 _____ OTHER: _____

Home Department #: _____ Department Name: _____
 Work Address: _____ Phone: _____ Mail Code: _____
 Marital Status: _____ Dependents: _____ Disab: _____ Union: _____
 Date of Birth: _____ Gender: _____ Veteran: _____
 Ethnic: _____ Country of Citizenship: _____
 Supervisor's ID#: _____ Supervisor's Name: _____

Hire Date: _____ Job Code: _____ Job Title: _____
 Perm/Temp: _____ Pay Frequency: _____ Start Date: _____
 Reg/Cas: _____ Pay Option: _____ Annual FTE: _____
 Bene Elig: _____ Percent: _____ Fiscal/Acad: _____
 Hours per Week: _____ Staff: _____ Faculty: _____ Student: _____

Funding Information

Ern Line	Account Number	Obj Code	Regular Rate	Start Date	End Date	Pct	Irreg Rate	Amt to Pay

PAYROLL CHECK REQUEST

Pay Period: _____ Freq: _____ GROSS PAY DUE: _____
 Reason: _____ NET PAY DUE: _____

***TAX MODELLING MUST BE ATTACHED**

Ern Line	Account Number	Amount

Processed by _____
 Batch Number: _____
 Date Issued: _____
 Check Number: _____

HOME DEPARTMENT SIGNATURE _____ DATE _____ EMPLOYEE SIGNATURE (NEW/REHIRE) _____ DATE _____
 DEAN/DIRECTOR _____ DATE _____ PAYROLL SERVICES _____ DATE _____

Emergency Information

Name _____ Relationship _____
 Address _____
 Home Phone _____ Work Phone _____