

**TEMPORARY INTER-LOCATION OR MULTI-LOCATION APPOINTMENT FORM**

UPAY 560-T (R8/11)

Inter-location Transfer

Multi-location Transfer

HOME LOCATION: \_\_\_\_\_

HOME DEPARTMENT: \_\_\_\_\_

HOST LOCATION: \_\_\_\_\_

HOST DEPARTMENT: \_\_\_\_\_

**HOME LOCATION INFORMATION**

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE ID #: \_\_\_\_\_ TITLE CODE: \_\_\_\_\_

HOME LOCATION APPOINTMENT TITLE: \_\_\_\_\_

STEP/GRADE: \_\_\_\_\_ MONTHLY OR HOURLY SALARY: \_\_\_\_\_

PRIMARY PAY SCHEDULE  MO  BW

09/09  09/12  11/12 APPOINTMENT %: \_\_\_\_\_

**HOST LOCATION INFORMATION**

HOST LOCATION TEMPORARY OR MULTICAMPUS APPOINTMENT TITLE: \_\_\_\_\_

TITLE CODE: \_\_\_\_\_ STEP/GRADE: \_\_\_\_\_

PRIMARY PAY SCHEDULE  MO  BW

09/09  09/12  11/12 APPOINTMENT %: \_\_\_\_\_  FIXED  VARIABLE

MONTHLY OR HOURLY SALARY: \_\_\_\_\_

DESCRIPTION OF SERVICE (DOS) CODE (e.g. REG, Regular, BYA, By Agreement): \_\_\_\_\_

PAY PERIOD DATES: \_\_\_\_\_ TO \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

HOST LOCATION FUND SOURCE TO BE CHARGED: \_\_\_\_\_

DIST%: \_\_\_\_\_

LOCATION ACCOUNT COST CENTER FUND PROJECT CODE SUB  
**(0,1,2,5 or 7 ARE THE ONLY VALID SUBS)**

**REASON FOR APPOINTMENT**

**APPROVALS**

\_\_\_\_\_  
Host Location Fund Source Authorization

\_\_\_\_\_  
Host Location Dean's Office/Academic or Staff Personnel

\_\_\_\_\_  
Home Location Dean/s Office/Academic or Staff Personnel

\_\_\_\_\_  
Host Location Contact Name Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Location Contact Name Phone Number

\_\_\_\_\_  
Email Address

Date: \_\_\_\_\_

Date: \_\_\_\_\_

RETN ACCOUNTING: 5 YEARS AFTER SEPARATION, EXCEPT IN CASES OF DISABILITY, RETIREMENT, OR DISPLINARY ACTION, IN WHICH CASE RETAIN UNTIL AGE 70. OTHER COPIES: 0-5 YEARS AFTER SEPARATION.

CC:EMPLOYEE'S HOME DEPARTMENT

## **TEMPORARY INTER-LOCATION OR MULTI-LOCATION APPOINTMENT FORM INSTRUCTIONS**

**Home Location/Department:** Location/Department where currently employed.

**Host Location:** Location/Department where activity is being performed

### **Home Location Information: (to be obtained from Home Department)**

**Employee Name:** Name as entered on EDB

**Employee ID#:** Employee ID number at Home Campus

**Home Location Appointment Title:** Employee title at Home Department

**Title Code:** Title on home campus appointment

**Step/Grade:** Step/Grade of home appointment (if applicable)

**Monthly or Hourly Salary:** Enter salary of home department appointment

**Primary Pay Schedule:** Check MO or BW

**9/9, 9/12, 11/12:** Check appropriate box if home appointment is an academic appointment other than 12/12

**Appointment%:** Indicate distribution percentage of appointment

### **Host Location Information: (to be provided by Host Department)**

**Host Location Temporary or Multi-location appointment title:** Enter a valid PPS title which relates to the appointment at the host campus

**Title Code:** Enter a valid PPS title code which relates to the appointment at the host campus

**Step/Grade:** Enter correct Step or Grade as applicable for host campus appointment

**Primary Pay Schedule:** Check MO BW (*Note: Pay schedule will need to correspond to Home Location pay schedule. An employee cannot have both a BW and MO appointment at the same time*)

**9/9, 9/12, 11/12:** Check appropriate box if host appointment is an academic appointment other than 12/12

**Appointment %:** Indicate the percentage of time per month that the appointment covers

#### **IF PAID HOURLY:**

\***Check Box for Fixed:** Enter amount of hours per pay period

\***Check Box for Variable: Indicate** "time sheet to be submitted to home campus for each pay period"

#### **Monthly or Hourly Salary:**

\* **If Monthly Salary Rate:** This should be the monthly rate that will be entered on the IAPT screen. Can only be entered for employees with a primary pay period of MO

\* **If Hourly Salary Rate:** This should be an hourly rate

**DOS Code:** Enter valid PPS DOS code for one time payment

**Pay Period Dates:** List complete dates of appointment. Must contain both start and end date

**Account Name:** Enter title of FAU to be charged

**Host Location Fund Source to be Charged:** Enter full accounting unit, Must be an appropriate FAU (including sub)(**0,1,2,5 or 7 are the only valid subs**) for Payroll Expense

**Distribution %:** Enter the distribution percentage

### **ROUTING INSTRUCTIONS**

Home Location Instructions:

1. Receive completed and signed form from host campus
2. Obtain appropriate home campus personnel signatures
3. Forward to Home Campus Payroll Office to coordinate payment

Host Location Instructions:

1. Obtain home location information from home location department
2. Complete **all** fields in Host Location Information section
3. Obtain host location signatures
4. Route to appropriate office at home location (**Do not forward if signatures have not been obtained or form is not complete**)