

AUTO PAY CHANGE FORM

PART 1

Completed By/Date _____

ACADEMIC SERVICES

	LEC HOURS	LAB HOURS
Instructor Name:		
Instructor ID Number		
Term Code, CRN & Course Number		
Position Number and Suffix		
Effective Date of Change		
Reason for Change		
Course Hours Converted to Auto Pay Hours		
Start and End Dates of Class		
Number of Pay Periods for Class		
Hourly Rate - Total Pay		
GL Distribution		
Course Previously Taught By		
Previously Taught Hours		

PART 2

Completed By/Date _____

HUMAN RESOURCE SERVICES-EMPLOYMENT

Auto Pay Position and Suffix - Set-Up / Cancelled		
Emailed Academic Services of Position & Suffix		
Total Monthly / Pay Period Hours to be Paid	#DIV/0!	#DIV/0!

PART 3

Completed By/Date _____

HUMAN RESOURCE SERVICES- PAYROLL

Auto Pay Monthly Hours For Pay Period #1		
Hours worked by Previous Instructor		
Total Hours to be collected due to over payment	0.00	0.00
Pay Period 1		
Pay Period 2		
Pay Period 3		
Pay Period 4		
Pay Period 5		
Remaining Hours for Auto Pay Assignment	0.00	0.00
Adjustment Needed for Current Instructor	0.00	0.00

Posted to HR By _____

Date _____

Posted to PAYROLL By _____

Date _____