

Internal Payroll Employment Form IP-1

This form requires Adobe Reader – it is recommended you download the free software or update your current version to the latest release from <http://www.adobe.com/products/acrobat/readstep2.html>

INSTRUCTIONS: The IP-1 Form is for Internal Payroll employees who do not have an established salary plan as defined in the Internal Salary Plan document located on the e-Campus website http://www.uri.edu/ecampus/tutorials/internal_salary_plans.pdf. This form is to be completed in Adobe Reader, printed out, signed and submitted to the office of Human Resource Administration.

1. EMPLOYEE URI IDENTIFICATION #: Nine digit university identification #. NOTE: *Employees new to URI may not have this number upon first being appointed.*

2. BEGIN DATE:

Hourly: 1st Sunday of the Pay Period

Contract: Actual begin date of contract

3. END DATE:

Hourly: 1st Sunday of the Pay Period

Contract: Actual end date of contact

4. REASON: Identify action: hire, extension, or correction. If correction, select correction reason from drop down menu.

5. STATE PAYROLL STATUS: Identify employees currently on the University's faculty/staff payroll processed through the State of Rhode Island. Also identify full-time employees of other State agencies.

6-12. NAME/ ADDRESS: Legal name as shown on social security card. Residence address (cannot be P.O. Box).

13- 16. MAILING ADDRESS: Mailing address if different from residence address.

17. GENDER: Indicate male or female. **18. DATE OF BIRTH:** MM/DD/YYYY

19. SOCIAL SECURITY #: All appointees must have a valid SSN# for employment. A copy of employee's social security card or W9 form must be submitted.

20. US CITIZEN: Identify citizenship status. Non U.S. citizens must complete a non-residence questionnaire that can be obtained from the Payroll Office.

21. PRIMARY ETHNIC GROUP: Check off primary ethnic group affiliation.

21a. SECONDARY ETHNIC GROUP: optional field

22. DESCRIPTION OF WORK TO BE PERFORMED: The description should be of sufficient detail for Human Resources to determine the appropriate classification of employment for federal purposes.

23. DEPARTMENT NAME: employing department for the job listed on this IP-1.

24. e-CAMPUS DEPT #: 4-digit e-Campus number for the employing department.

25. LOCATION: Building location of employment.

26. SUPERVISOR: Name of principal supervisor.

27. JOB CODE: Job Code as defined in the Internal Job Code List.

28. HOURS/WEEK: For hourly employees only – identify anticipated hours per week employee will work. This information will be used to determine the dollar amount for salary encumbrances.

29. COMPENSATION RATE: Identify hourly rate for employees who will be compensated based on hours worked. Identify total amount to be paid to employees who are not required to report hours.

30- 33: SALARY DISTRIBUTION DATA: In e-Campus, check the account code table following this path: *Define Business Rules>Define Commitment Accounting>Setup>Account Code Table*, to verify that the project or program you are charging is active throughout the entire time frame of the job. Identify the chart field string the salary should be charged to. For hourly employees, this will normally consist of only one chart field string. Departments have the ability to distribute salary and FICA costs among multiple chart field strings in this area. For multiple distributions, begin and end dates for each time period that comprises a 100% distribution must be identical. Or check Use Default Account, for all charges to be applied to your Dept. default account.

34. FORMS ATTACHED: Check off all forms you are attaching and submitting with the IP-1 form. All forms are **required**.

- I-9 - Drug Free form (CS387C) - Copy of Social Security Card

- Additional Compensation Form (for staff on state payroll) - A-64 Form (Request for special employment)

All appointees, except University employees paid through the State's faculty/staff payroll, are required to submit an I-9 and a Drug Free (CS387C) form prior to employment. A copy of the employee's social security card must be submitted with the appointment form. Additional compensation forms are needed for all University staff members paid through the State's faculty/staff payroll system who are receiving compensation on the Internal Payroll. Full-time employees of other State agencies must submit an A-64 form (Request for Special Employment). Authorized agents of both the home department and the University must approve this form.

PRINT FORM: (using Print Form button on top right of form) obtain necessary signatures, make a copy for your records and submit to the office of Human Resource Administration along with necessary forms.