

INTERNAL PAYROLL  
APPOINTMENT DATA FORM

**To be completed whenever the department inputs an internal employee's  
job data into the PeopleSoft System.**

**Please send to the Human Resource Department when completed**

**EMPLOYEE URI ID #** \_\_\_\_\_ **RECORD #** \_\_\_\_

**BEGIN DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **M.I.:** \_\_\_\_ **LAST NAME:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_ **DEPT E-CAMPUS #:** \_\_\_\_\_

**We are hiring the aforementioned person to perform the following work in our department:**

**Title:** \_\_\_\_\_ **Job Code:** \_\_\_\_\_

**Contract OR Hourly Amount: \$** \_\_\_\_\_

**Job Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT FORMS: (Please attach forms or indicate if they are on file)**

- \_\_\_\_\_ **I-9 Employment Verification Form with supporting Documents**
- \_\_\_\_\_ **CS 387C Drug Free Workplace Acknowledgement**
- \_\_\_\_\_ **Copy of Social Security Card**
- \_\_\_\_\_ **Additional Compensation Form (required for staff employees on State payroll)**
- \_\_\_\_\_ **ALL FORMS ON FILE**

**Please check here if the salary plan compensation amount was changed:**

**Indicate reason for changing salary plan compensation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEPARTMENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_