

# **USP-2 and USP-12 INSTRUCTIONS**

## **TABLE OF CONTENTS**

<b><u>PAGE</u></b>	<b><u>CONTENTS</u></b>
2	<b>GENERAL INSTRUCTIONS</b>
3	<b>USP-2 INSTRUCTIONS</b>
3	EMPLOYEE INFORMATION
5	REPLACES
5	JOB DATA INFORMATION
8	PERSONAL DATA INFORMATION
10	FACULTY DATA
11	SALARY DISTRIBUTION INFORMATION
12	ROUTING FOR SALARY DISTRIBUTION INFO
12	ROUTING OF USP-2
13	<b>USP-12 INSTRUCTIONS</b>
13	TERMINATION
15	LEAVE REQUEST/EXTENSION
16	LEAVE RETURN REQUEST
16	SALARY DISTRIBUTION INFORMATION
17	ORDERING FORMS

## GENERAL INSTRUCTIONS

PRIVACY CLAUSE: The University of Rhode Island will not disclose from official records, personally identifiable information about an individual without the explicit authorization of the individual, except in those circumstances which are in conformance with the American Council of Education Office on self-regulation initiatives and Rhode Island open records law.

PLEASE TYPE ALL INFORMATION.

The **USP-2 (Hire and Change Form)** will be used only for **HIRES** and **CHANGES**. The **USP-12 (Termination and Leave Form)** will be used only for **TERMINATIONS** and **LEAVES**. This includes the action of “return from leave”. These forms are used only for employees on the state biweekly payroll.

All necessary information must be completed in order for this form to be processed. **Forms not properly filled out will be returned to the originating department, resulting in possible payment delays for employees.**

Always check the appropriate box at the top of the form.

Always fill in Sections 1 through 10, the employee's identification number, name, home department, home department number, job title, whether the position is classified or non-classified, the union, the reason, and only the information that is necessary or changing.

The grant chartfield string should always be noted when processing ANY change to a position funded by a grant even if the grant chartfield string is not changing. (e.g., extension of a position, return from leave without pay, request for leave, change in hours). This instruction item refers both to USP-2's and USP-12's.

The USP-2 and USP-12 forms should reach the Office of Human Resource Administration (OHRA) intact after all required offices have signed off. Please make a copy for your pending file.

Please check with OHRA if there are any questions concerning the proper completion of these forms (Ext. 4-2416), or with Payroll Accounting concerning questions on items in Section 54 – Salary Distribution Information (Ext. 4-2038).

## USP-2 INSTRUCTIONS

**The Office of Human Resource Administration (OHRA) initiates all USP-2's for classified employee hires, transfers, and promotions.**

The following instructions apply to nonclassified faculty and staff.

**NEW HIRE:** Check this box only for the addition of a person to the URI state biweekly payroll. The promotion or transfer of a current University employee, already on the state biweekly payroll, is recorded as a change.

**CHANGE:** A check in this box indicates a change or addition to existing information with the exception of leave of absence or termination data, for which you must submit a USP-12 (Termination and Leave Form).

When a nonclassified employee transfers to another department, the department to which he/she is transferring should process the USP-2 for the action. A USP-12 SHOULD NOT BE SENT to terminate the employee from the department he/she is leaving.

## EMPLOYEE INFORMATION

The following instructions apply to all USP-2's.

1. **EMPLOYEE IDENTIFICATION NUMBER (PeopleSoft Empl ID)**
2. **NAME**
3. **HOME DEPARTMENT:** The name of the department where the position is budgeted.
4. **HOME DEPT #:** The 4-digit home department account number. This should not be confused with the grant or funding account number. This is the department number that is associated with where the position is budgeted.
5. **STATE APPROPRIATION ACCOUNT NUMBER:** LEAVE BLANK. To be filled in by the Budget & Financial Planning Office.
6. **PAYCHECK DISTRIBUTION BUILDING CODE:** The code indicating the building to which an employee's paycheck or other pay-related information is sent for distribution. Provide a building code for employees even if they use direct deposit for their check. Refer to the list below:

## **PAYCHECK DISTRIBUTION BUILDING CODE**

KC01A	Dining Services
KC02	Butterfield Dining Hall
KC03A	Independence Square
KC04	Pastore Hall
KC05	Memorial Union
KC05B	Newman Hall
KC06	Quinn Hall
KC07	Green Hall
KC08	Lippitt Hall
KC10	Roosevelt Hall
KC11	Washburn Hall
KC12	Bliss Hall (Engineering)
KC13	Rodman Hall
KC14	East Hall
KC15	Ranger Hall
KC15A	Health Services
KC16	Davis Hall
KC17	Taft Hall
KC20B	Multicultural Center
KC21	Transition Center/Child Development
KC23B	Human Resource Administration
KC26A	Ruggles House
KC28C	Safety & Risk
KC29A	Surge Building
KC30A	Hart House
KC36	Carlotti
KC37	Swan Hall
KC40	Woodward Hall
KC41B	Alumni Center
KC42B	Parking Services
KC47	Library
KC48	Fogarty Hall
KC49	Tyler
KC49A	White Hall
KC49B	Hope Commons
KC50	Fine Arts Center
KC51	Morrill Hall
KC58	Ballentine Hall
KC64	Research Office
KC67	Roger Williams Center (HRL)
KC67A	Administrative Services
KC69	Chafee Building
KC77A	Cancer Prevention Research Center
KC78	Sherman Building
KC78A	Athletics

KC84	Biological Sciences
KC85	Coastal Institute (Kingston)
KC89	International Student Center
KC96	Adams House (Budget)
KC98	Police
KCA05	Bookstore
NBC	Narragansett Bay Campus
IIS	Institute for International Sports
AJ	W. Alton Jones Campus
PROV	College of Continuing Education

7. REASON/REMARKS: Must include the specific reason this form is being submitted unless the box at the top of the USP-2 is checked for new hire or change distribution only or extend limited position.

**REPLACES**

8. NAME: The name of the employee previously in this position or if a new position, the number of the USP-1 that created this position.
9. TITLE: The job title of the person who is being replaced by the new employee.
10. REASON: The reason the previous employee vacated this position. Check one: transferred, promoted, on leave of absence or terminated.

**JOB DATA INFORMATION**

11. JOB TITLE: The approved title of the position being filled as it appears on the University Classification Summary (for nonclassified staff) or the State Classified Pay Plan (for classified staff).
12. CLASSIFIED/NONCLASSIFIED: Indicate whether the position being filled is classified (State Civil Service) or nonclassified (Board of Governor's Service).
13. UNION: The appropriate union affiliation for this appointment:

AAUP	PHYSICIANS
ACT/NEA	PSA/NEA
Council 94, Local 528	PTAA (Council 94)
NON-UNION	NURSES
Maritime Professional Association	

14. **SHIFT:** The shift the employee works.
15. **STANDARD/NON-STANDARD (NON-SCHEDULED):** The type of work week for the position.
16. **BASIC WORK WEEK HOURS:** The number of hours representing a full-time work week for this position. Coaches - 40; Faculty - 35; Staff - 35 or 40; Endeavor Crew - 40.
17. **SCHEDULED HOURS PER WEEK:** The number of hours that the employee is actually scheduled to work on a weekly basis. This cannot exceed the number of hours that the position was created for via a USP-1 form.
18. **WORK YEAR TYPE:** Indicate whether the employee's appointment is for:
  - 09 - **ACADEMIC YEAR:** 9-10 month school year or an otherwise 12 month position that is reduced to a pre-determined segment of each calendar year. This reduced work year requires prior approval of OHRA and must be in conformance with collective bargaining contracts.
  - 12 - **CALENDAR YEAR:** 12 month work year.
  - SM - **SEMESTER:** USED ONLY FOR FACULTY. An academic year (Spring or Fall) type appointment for less than 9 months.
19. **WEEKS PER YEAR (Number of Weeks Worked):** USED ONLY FOR REDUCED WORK YEAR SCHEDULES, ALL OTHERS LEAVE BLANK. The number of work weeks per year that is assigned to this position. A reduced work year requires prior approval by OHRA and must be in conformance with collective bargaining contracts.
20. **GRADE:** FOR STAFF ONLY. The pay grade for this position.
21. **STEP:** The employee's step within the pay grade.
  - NONCLASSIFIED:** Approval for any waiver over the midpoint must be granted by the Office of Human Resource Administration.
  - CLASSIFIED:** Hire at the first step of the pay grade, with the exception of transfers, promotions, re-employments, and nurses.
22. **SUPPLEMENT AMOUNT:** The additional amount paid to an employee as a supplement to the base salary rate, expressed either in terms of the annual amount or the amount for the period of the supplement. Indicate which amount is represented. Examples are supplements for department chairpersons and for nurses' educational achievement

23. **CONTRACT SALARY:** The total salary expected to be received during the start and end date or during the fiscal year if there is no end date.
24. **HOURLY RATE:** The rate of pay for those employees who are hired at an hourly rate of pay.
25. **APPOINTMENT STATUS:** Indicated whether there is a time restriction on the employee's appointment to this position. This is separate from the State Civil Service status and refers only to the URI position appointment status. The values are defined as follows:

**PERMANENT:** Appointment which has no time restrictions. If an employee is assigned to a position from which another employee is on leave to protect status, he/she is considered permanent if neither of the below listed conditions apply.

**TEMPORARY (RESTRICTED):** Appointment in which an individual is assigned to replace an employee who is on official paid or unpaid leave (e.g., sabbatical, maternity, educational). This does not include State Civil Service leave to protect status.

**LIMITED:** Appointment in which an individual is assigned to a position scheduled to end on a specified date, due to a reason such as expiration of funding.
26. **STATE POSITION NUMBER:** To be completed by home department.
27. **PEOPLE SOFT POSITION NO.:** To be filled in by the Budget & Financial Planning Office.
28. **EFFECTIVE START:** The beginning date for this action. If the action is a transfer to a different position or department, a promotion, or a new hire, the date must be verified by OHRA. This date should be the beginning of a biweekly pay period.
29. **TEMPORARY APPOINTMENT END DATE:** The end date of the temporary appointment is one day prior to when the employee on leave is scheduled to return.
30. **LIMITED POSITION END DATE:** The date on which a limited position is scheduled to end.

## PERSONAL DATA INFORMATION

### RESIDENCE ADDRESS:

A residence address must be provided for all employees.

31. RESIDENCE STREET: The employee's residence street.
32. RESIDENCE CITY, STATE: The employee's residence city, state, or foreign country.
33. RESIDENCE ZIP: The zip code for the employee's residence address.

### HOME MAILING ADDRESS (if different)

34. MAILING STREET: The US Postal Service designation for the employee's home mailing street address or PO Box number.
35. MAILING CITY, STATE: The city, state or foreign country used for employee's home mailing address.
36. MAILING ZIP CODE: The zip code used for the employee's home mailing address.

### CAMPUS MAILING ADDRESS:

37. CAMPUS DEPARTMENT, BUILDING: The name of the department and building to which the employee's campus mail should be sent.
38. CAMPUS CITY, STATE, ZIP: COMPLETE ONLY WHEN THE EMPLOYEE'S WORK LOCATION IS OTHER THAN THE KINGSTON CAMPUS.
39. BIRTH DATE: The employee's date of birth.
40. GENDER: The gender of the employee, indicated by M or F.
41. RACE: The race of the employee, indicated by one of the following codes:
  - 1 Black
  - 2 Hispanic
  - 3 American Indian or Alaskan Native
  - 4 Asian or Pacific Islander
  - 5 White

42. **HANDICAP DISABILITY CODE:** The handicap disability status of the employee, indicated by one of the following codes:
- 00 not disabled
  - 01 disabled
43. **VETERAN CODE:** The veteran status of the employee, indicated by one of the following codes:
- 0 non-veteran
  - 1 non-war veteran
  - 2 war veteran
  - 3 disabled war veteran
  - 4 Vietnam Era veteran
  - 5 disabled Vietnam Era veteran
  - 6 other eligible veteran
44. **MARITAL STATUS:** The marital status of the employee, indicated by one of the following codes:
- 1 single
  - 2 married
  - 3 divorced
  - 4 widowed
45. **EDUCATIONAL LEVEL:** The employee's level of education, indicated by one of the Educational Achievement Codes listed below:
- 009 Completed ninth grade or under
  - 010 Completed tenth grade
  - 011 Completed eleventh grade
  - 012 High School Graduate
  - 013 High School Equivalent (GED)
  - 014 Completed one year college
  - 015 Completed two years college
  - 016 Completed three years college
  - 017 College Graduate - Bachelor of Arts
  - 018 College Graduate - Bachelor of Science
  - 019 College Graduate - Bachelor of Law
  - 020 Two Bachelors Degrees
  - 021 Master of Arts Degree
  - 022 Master of Science Degree
  - 023 Master of Business Administration
  - 024 Master of Public Health
  - 025 Master of Public Administration
  - 026 Master of Social Work
  - 027 Master of Hospital Administration

- 028 Two Masters Degrees
- 029 Doctor of Juris
- 030 Doctor of Philosophy
- 031 Medical Doctor
- 032 Dentist
- 033 Doctor of Veterinary Medicine
- 034 Doctor of Education

- 46. CITIZEN OF: The name of the country of which the employee is a citizen.
- 47. PERMANENT RESIDENT OF THE U.S.: USE FOR NON-CITIZENS ONLY. Indicate whether the employee is a permanent resident of the U.S. A change in residency status directly affects the employee's FICA payroll deduction and should be reported to OHRA.
- 48. SPOUSE'S FULL NAME: Spouse's full name.
- 49. SPOUSE'S BIRTH DATE: Spouse's birth date.

### **FACULTY DATA**

- 50. RANK: The faculty rank held by the employee, indicated as follows:
  - 10 Professor
  - 20 Associate Professor
  - 30 Assistant Professor
- 51. TENURE STATUS: The faculty member's tenure status at URI, indicated as follows:
  - T - tenured
  - N - non-tenured, in tenure track position
  - O - not in tenure track position
- 52. TENURE DATE: The mandatory tenure decision date, or the actual date of tenure receipt.
- 53. PERCENTAGE (%) OF WORK WEEK: This will be completed by the Office of the Provost and Vice President for Academic Affairs.

## SALARY DISTRIBUTION INFORMATION

54. The USP-2 form will be used to process initial salary distribution and any changes that may occur thereafter.

All information must be completed and effort % must equal 100%. Percentages must be in whole numbers.

Salary distribution information must be given for a minimum of the entire fiscal year or for the length of the appointment, wherever possible.

Start and end dates **must** always be given in terms of pay periods regardless of the effective start or termination date. A calendar of biweekly pay periods is available from the Payroll Office upon request.

Effort codes must be supplied for each chartfield string noted. For effort code information, please refer to the Effort Certification User Manual (supplied by Payroll Accounting)

EFFORT CATEGORIES (see Effort Certification User Manual) for definitions)

- **Effort Codes 01, 02 and 03 should be used only with Fund 500 projects.**

- 01 – Sponsored Research
- 02 – Sponsored Instruction and Training
- 03 – Other Sponsored Activities
- 04 – Instruction
- 05 – Cost Sharing
- 06 – Other Institutional Activities
- 08 – Operation and Maintenance
- 09 – Library
- 10 – General Admission
- 11 – Student Administration and Services
- 12 – Sponsored Projects Administration
- 13 – Departmental Administration
- 14 - Sabbatical/Educational Leave

Payroll Accounting needs to receive notice of salary distribution changes before the effective date.

All retroactive adjustments for a period greater than 90 days or when Effort Certification has taken place will not be processed without the approval of the Controller's Office. Please forward the USP-2 form with a memo of explanation to the Controller.

Sabbatical Leave - refer to instructions for USP-12 (Termination and Leave Form).

## **ROUTING FOR SALARY DISTRIBUTION INFORMATION**

If a USP-2 is processed for a change in salary distribution only, the routing is as follows:

1. Originator
2. Dean/Director
3. Grant & Contract Accounting (for grants only); URI Foundation, if applicable
4. Budget & Financial Planning
5. OHRA
6. Payroll Accounting

If a USP-2 is processed for a change in effort code only, the routing is as follows:

1. Originator
2. Dean/Director
3. OHRA
4. Payroll Accounting

## **ROUTING OF USP-2**

Routing for hires and any changes that affect salary:

1. Originator
2. Dean/Director
3. Grant & Contract Accounting (for grants only); URI Foundation, if applicable
4. Provost/Vice President
5. Budget & Financial Planning
6. Affirmative Action
7. OHRA

Routing for extensions of positions:

1. Originator
2. Dean/Director
3. Provost/Vice President (Note: Provost only signs if any or all is on Fund 100)
4. Grant & Contract Accounting (if applicable)
5. Budget & Financial Planning (Note: This office does not sign if the extension is 100% grant funded).
6. Affirmative Action (Faculty and Non-classified Only)
7. OHRA

## USP-12 INSTRUCTIONS

**TERMINATION:** Check this box for the termination of an employee from the state biweekly payroll. A copy of the resignation/retirement letter must be attached to the USP-12. (A USP-12 should not be sent to terminate nonclassified employees from the department he/she is leaving unless transferring to another state agency). The transfer of an active employee to another position or department within the University is processed on a USP-2 as a change. When an employee transfers to another department, the department to which he is transferring should process the USP-2 for the action. A USP-12 should not be sent to terminate the employee from the department he is leaving unless transferring to another state agency.

**LEAVE REQUEST:** To be checked when requesting a leave of absence with or without pay, for an employee on the biweekly payroll (not necessary for leave to protect status).

**LEAVE EXTENSION:** To be checked when requesting an extension of a leave of absence. The start and end dates (#5 and #6) should reflect the time period of the extension.

**LEAVE RETURN REQUEST:** A check here indicates that an employee has been on a leave of absence and is requesting to return to work.

**NAME: REQUIRED.** The employee's full legal name, expressed as: last, first, middle name or initial and suffix, (e.g., Jr., Sr.) if used.

**ORIGINATING DEPARTMENT: REQUIRED.** The name of the department initiating this action.

**JOB TITLE: REQUIRED.** The classification title of the employee.

## TERMINATION

**FACULTY AND STAFF:** A termination form must always be submitted for non-classified and classified employees when terminated.

1. **EFFECTIVE DATE:** The last day actually worked by the employee expressed as month/day/year.
2. **CODE:** The three digit numeric code corresponding to the reason the employee is terminating, listed under (#3) REASON.

3. REASON: The reason for the employee's termination. Please use one of the following:

- 002 deceased
- 003 layoff
- 006 resignation
- 008 end limited appointment
- 011 termination per Section 36-4-31, Failure to Pass /Complete Probationary Period
- 012 involuntary retirement
- 030 layoff - lack of funds
- 031 layoff - lack of work
- 032 layoff - reorganization
- 033 Voluntary Layoff (replaced by Bumper Layoff)
- 060 insufficient wages
- 061 transportation difficulties
- 062 unsatisfactory work conditions
- 063 moved out of state
- 064 personal illness
- 065 illness in family
- 066 maternity
- 067 personal reasons
- 068 to stay home
- 069 to accept other employment
- 070 to continue education
- 071 military service
- 072 voluntary retirement
- 073 other
- 098 transfer to another state agency
- 099 cancellation of appointment

Use of the following codes is restricted to OHRA:

- 001 dismissal
- 007 resignation without notice
- 011 termination per section 36-4-31
- 013 job abolished
- 015 for the good of the service
- 016 unsatisfactory service
- 017 violation of rules and regulations
- 018 unbecoming personal conduct

4. NEW FORWARDING ADDRESS: New mailing address, if applicable.

VACATION AND SICK LEAVE: Any vacation, deferred time (SRP) and/or sick leave (for retirees only) payment due upon termination will be paid in a lump sum following the final regular paycheck. No payment is made for personal time.

**SIGNATURES:** USP-12s for terminations must be sent for all signatures on the bottom section; **however, please call OHRA immediately with the termination date to insure there is no overpayment.**

### **LEAVE REQUEST/EXTENSION**

This section should be used for leaves of absence of more than thirty (30) calendar days in duration. This includes sabbatical leaves and all extensions of leaves except military training, jury duty leave or worker's compensation. An employee going on a leave for military training must bring a copy of his/her orders to OHRA. The jury duty notification form must be submitted to the Payroll Office.

A letter of request for leave, signed by the employee and approved by Human Resources, must precede the processing of the USP-12. Employees must discharge all accrued vacation time except a maximum of five (5) days for the ACT/NEA, and all compensatory time, if applicable, prior to beginning an official leave without pay (excluding maternity leave). Deferred time (SRP) does not have to be discharged.

The letter must clearly specify the appropriate dates and the type and amount of time to be discharged. Medical documentation with duration and anticipated return date must be forwarded directly to Human Resources and noted as such on USP-12. The originator's (supervisor's) signature on the USP-12 indicates recommendation of the leave.

**Sabbatical Leave:** When a faculty member goes on sabbatical leave, OHRA will automatically delete any salary supplements (e.g., chairman supplement). There is no need to submit a USP-2. When the employee returns from sabbatical, if the supplement is to be reinstated, a USP-2 must accompany the USP-12 which is returning the employee from leave.

5. **START DATE:** The date (month/day/year) the leave is scheduled to begin.
6. **END DATE:** The date of the last day of the leave.
7. **WITH PAY/WITHOUT PAY:** Check one to indicate whether the employee will receive any pay from the position from which he/she is on leave. If the leave is to be with pay, fill in the percentage of pay to be received while on leave.
8. **CODE:** The two digit code corresponding to the reason for leave listed under (#9) REASON.

9. REASON: The reason the employee is taking a leave of absence. Choose from:
- 00 summer leave, Health Services
  - 01 sabbatical/education leave with 1/2 or 1/4 pay
  - 02 military leave with pay
  - 03 military leave without pay
  - 06 sabbatical or educational leave with full pay
  - 20 workers compensation
  - 21 family medical leave
  - 22 personal illness
  - 25 continue education (no pay)
  - 26 personal
  - 27 maternity
10. REMARKS: Any remarks pertaining to items 1-9 should be entered here. On maternity leaves, if end date cannot be calculated due to vacation/sick leave, please specify length of time requested.

### **LEAVE RETURN REQUESTS**

A leave return request is filed after an employee has been on leave, not at the time of the request for leave.

11. DATE OF RETURN: Fill in the date an employee, who has been on leave, is requesting to return to work and the type of leave employee was on. For employees on personal illness leave, medical documentation authorizing return must be forwarded to Human Resources in advance. USP-12's should be submitted 2-4 weeks prior to return date. This includes employees returning from sabbatical leave.

### **SALARY DISTRIBUTION INFORMATION**

12. SALARY DISTRIBUTION: The salary distribution should be furnished for the following situations:

Sabbatical Leave: The start and end date for sabbatical leave should be entered in addition to account and effort distribution. The effort code for sabbatical leave is 14. When possible, salary distribution information should be given for the time period subsequent to sabbatical leave.

Leave Return: The salary distribution which will be effective upon return from leave should be noted on this form.

## **ORDERING FORMS**

The USP-2 forms are ordered from Printing Services. The USP-12 forms are ordered from the Central Receiving Department.