

LEHIGH UNIVERSITY PAYROLL ASSIGNMENT FORM (PAF)

Employee Information

Employee Name: _____ , _____
Last Name First Name

LIN/ID Number:

Check Dist Location:

Department Information

Department where Payroll records are kept

Ext: _____
Department Contact Person (For questions concerning this form)

☐ New Hire

☐ New Position

☐ Other (provide comments below)

Job Detail

Position Title	Position No.	Salary Per Pay	Salary Grade	E Class	Pay ID	FTE*	Job Change Reason***

*FTE: Hours per week/(37.5 or 40)

****APPT %: Months in year/12 * 100**

***See reverse side for job change reason codes

Annual Salary

APPT %**

Index Distribution

	Index	Index Distribution (Must equal 100%)	Start Date	End Date	Dollars	Financial Manager Approval	Date
1							
2							
3							
4							
5							

Comments

Authorizations Required (see form instructions)

Dean/Director: _____ Date: _____ Vice President/Provost: _____ Date: _____

Authorizations for All Changes to Index Numbers 212693 - 212999, 529xxx - 549999, 590xxx - 590999 and 603500 - 603999

Office of Research Approval: _____ Date: _____

Important: Use this form to supply new appointment information to the Payroll Office. Please attach the offer letter if not already on file from another source. The Payroll Office staff cannot make any changes without proper authorizations. Please retain a copy of this form for your departmental records. Please address questions to: INPAYROL@lehigh.edu. Send completed form electronically via the FileSender link which can be found on the Payroll website or mail completed form in a sealed envelope to the Payroll Office, 306 S. New Street, Suite 464 Bethlehem, PA 18015.