**OLD DOMINION UNIVERSITY RESEARCH FOUNDATION**

|  |  |
| --- | --- |
| **ODURF USE ONLY**  **HR** | ODURF USE ONLY  *(Changes)*  HR |
| **GCA** | GCA |
| **Data Entry** | Data |
| **PY Verify** | PY |

# Payroll Authorization Form (108)

***Revised July 1, 2009***

**Status:** Regular SSRP Faculty Post Doc

 GRA Casual (Student) Temporary (Non-Student)



**ODU Student Status:**

No Yes: Graduate Undergraduate

**PART I: PERSONAL *(To be completed by*** *EMPLOYEE****)* New employees must complete all required new hire paperwork BEFORE employment begins**

**A: PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: Bondalapati | Ramya | UIN#: 0116-1389 | DOB: 2 /26 /97 |

Last First M.I.

***Mailing Address for Checks/Stubs:*** 1064 West 48th St No 16 Norfolk, VA 23508

Street City, State, Zip

Permanent Address: 7-37-7,NTR Road,Nandigama,Krishna,AP,India,521185

|  |  |  |  |
| --- | --- | --- | --- |
| Street  Phone No.: Dept.: +1 757-381-9521 | City, State, Zi | p  Home: +91 9494956145 |  |
| Emergency Contact:Bondalapati | Madhavi | Sister | +18034458229 |

Last First Relationship Phone

**B. AA/EEO REQUIRED DATA** (*For statistical use only; check one in each section)*

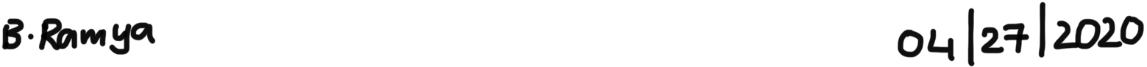
GENDER: MARITAL STATUS: VETERAN STATUS: No Disabled Veteran Recently separated *(within last 3 years)*

Male  Female  Single Married Do not want to identify status Armed Forces Service Medal Other Protected Veteran

ETHNIC GROUP: Hispanic/Latino White (Not Hispanic/Latino) Black/African American (Not Hispanic/Latino) (Indicate one) Native Hawaiian/Pacific Islander (Not Hispanic/Latino) Asian (Not Hispanic/Latino)

American Indian/Alaskan Native (Not Hispanic/Latino) Two or More (Not Hispanic/Latino)

**C.** I understand the executive director or human resources director of the Research Foundation are the only people with legal authority to establish my pay, appoint, re-appoint, terminate or in any other way affect my employment status. I agree and accept any oral or written promises by any other persons are not binding upon the Research Foundation. I understand this form is not an employment contract. Employment may be terminated at will, with or without cause, either by the Research Foundation or myself.



Date:

# Acknowledged by:

|  |  |  |
| --- | --- | --- |
| **PART II: JOB INFORMATION *(To be completed by PI)*** | Exempt Annual Salary ($/Year | ) |
| Job Title Assignment | Non-Exempt Hourly Rate ($/Hour) | |
| Employing Department | GRA Rate ($) | Academic Year Semester |
| Average Hours Per Week | Faculty Rate ($) | Summer Overload ***(Form required)*** |

**PART III: PROJECT FUNDING *(To be complet***

|  |  |
| --- | --- |
| ***ed by PI)***  To **(MM/DD/YY)** | **Research Foundation USE ONLY**  Object Pay Period Payroll Periods Code Rate %FTE From To  US Citizen Y/N I-9 Expires Tax Resident Y/N Pay Change FICA Y/N E-Verify  Department Pay Class Job ID |
|  |
|  |
|  |
| Phone #  **on**  *isting contracts)*  5% 100%  *sting contracts).*  **octoral-100%**  **the Research**  RA and is University. |
| Students: Semester Credit Hours Degree Regular Employees: Life LTD Faculty rate per period $ expressed as B @ 100% FTE  HR / Payroll Notes |

Budget Amt ($) DATES

Project # For Period From **(MM/DD/YY)**

***PI Signature***

Date

**Graduate Research Assistant Appointment- Tuition Exempti**

Yes (Complete Information Below) No University Masters: 25% 50% 75% 100%

*61% (Only for out of state master’s students with ex*

**\*Research Foundation Masters:** 25% 50% 7

*61% (Only for out of state master’s students with exi*

University Doctoral – 100% **\*Research Foundation D**

**\*Must attach a copy of student Tuition E-bill for payment through Foundation.**

My signature certifies that this student has been appointed as a G enrolled for the required number of credit hours at Old Dominion

Department Chair

(GRA, Faculty Overload) Date Phone #

Dean

(GRA, Faculty Overload) Date Phone #



# TOP OF FORM

**OLD DOMINION UNIVERSITY RESEARCH FOUNDATION**

# PAYROLL AUTHORIZATION FORM (108)

**Instruction Sheet**

Check Type of Employee: REGULAR, SSRP, FACULTY, POST DOC, GRA, CASUAL (STUDENT), TEMPORARY (NON- STUDENT)

Check Student Status: YES or NO

If YES, indicate GRADUATE or UNDERGRADUATE (example: Yes, Graduate)

**PART I: PERSONAL** (*Employee Completes)*

A: PERSONAL DATA – Complete for each transaction

B: AA/EEO REQUIRED DATA – Complete for each transaction

C: CERTIFICATION / EMPLOYEE SIGNATURE – Complete for each transaction

**PART II: JOB INFORMATION** (*PI Completes)*

PI completes Job Title, Employing Department, and Average Hours per week.

Check *one* pay status (Exempt, Annual, Non-Exempt Hourly Rate, GRA Rate, or Faculty Rate) Enter the appropriate corresponding pay amount as follows:

Exempt Annual Salary (i.e. $25,000 per year) Non-Exempt Hourly Rate (i.e. $8.50 per hour)

GRA Rate (i.e. $10,000 per academic year, or $5,000 per semester)

\*Faculty Rate (i.e. $12,500 – Summer, or $5,000 - Overload)

***\*NOTE: Faculty overload requires additional “Faculty Supplemental Compensation Authorization Form”***

**PART III. PROJECT FUNDING** (*PI Completes)*

Enter Project Number, Budget Amount for Period ($), and Date Range (MM/DD/YY). Budget Amount for Period ($) is the amount required for base pay for the range of dates specified.

*UP TO FOUR SEPARATE PROJECTS OR TIME PERIODS MAY BE INCLUDED ON ONE FORM*

Signatures: PI Signature required for all transactions

Department Chair Signature required for GRA and Faculty Overload Dean Signature required for GRA and Faculty Overload

**GRADUATE RESEARCH ASSISTANT APPOINTMENT** *(Department completes)*

Signature of Department Chair and Dean certifies this student has been appointed as a GRA and is eligible for tuition exemption if awarded.

Indicate if there is a Tuition Exemption Yes No. If yes, completed information on sources and amount by checking appropriate information below:

University Masters: 25% 50% 75% 100% *61% (Only for out of state master’s students with existing*

*contracts.)*

**\*Research Foundation Masters:** 25% 50% 75% 100% *61% (Only for out of state master’s students*

*with existing contracts.)*

University Doctoral- 100% **\*Research Foundation Doctoral-100%**

# \*Must attach a copy of student tuition E-bill for payment through the Research Foundation. REQUEST FOR OVERLOAD PAYMENTS

All requests require submission of signed Supplemental Compensation Authorization Form, in addition to “108 Payroll

Authorization Form.” Use “Faculty Supplemental Compensation Authorization Form” or “ Non-Faculty Supplemental Compensation Authorization Form”.

|  |  |  |
| --- | --- | --- |
| Faculty Overload Required Signatures: | Department Chair Signature Dean Signature  GCA Signature  Executive Director Signature |  |
| Regular Status Required Signatures: | Principal Investigator Signature GCA Signature |  |
| Student Status Required Signatures: | Principal Investigator Signature Department Chair Signature Dean Signature  GCA Signature | (Casual / Temporary / GRA) (GRA)  (GRA)  (Casual / Temporary / GRA) |

Revised July 1, 2009