

# PAYROLL PROCESSING FORM

An incorrect or incomplete PPF will not be processed and returned for corrections. For mass hires (10+ people), use the mass hire form.

Residential and Student Service Programs  
Payroll Office  
2610 Channing Way  
Hiring Hours: M-F 10:00am - 4:00pm

## PLEASE CHECK ALL THAT APPLY

### HIRING

(Job # or Waiver # not required for UCB student)

- ☐ New Hire   ☐ Re-Hire   Job # or Waiver # \_\_\_\_\_
- ☐ Additional Employment   Job # or Waiver # \_\_\_\_\_
- ☐ Promotion   Job # or Waiver # \_\_\_\_\_
- ☐ Work-study   Attach Work-study Referral Form

Previous UCB employment? If yes, Dept \_\_\_\_\_ Dates: \_\_\_\_\_

### MISC. PAYROLL CHANGES

- ☐ Add Shift Differential
- ☐ Create new department code
- ☐ Change in fund source  
(Go to Section 3)
- ☐ Other (write in comments section)

### HUMAN RESOURCES APPROVAL NEEDED

- ☐ Permanent Reclassification
- ☐ Temporary Reclassification
- ☐ Change in Pay rate

### BENEFITS (submit PPF to HR)

- ☐ Benefits Eligible (status change)
- ☐ Leave of absence (specify below)

### SEPARATION (Complete section 1 and 4)

- ☐ Separation   ☐ Transfer to other UCB Department   ☐ Separate from multiple RSSP positions

## 1. EMPLOYEE INFORMATION: (Required to complete Zcf U`UWcbgUVcj Y)

Complete all information below. If you are requesting changes to any of the fields below, enter the new information.

Select Status: ☐ Career (If partial year, # of months annually: \_\_\_\_\_) ☐ Limited ☐ Contract ☐ Affiliate  
☐ UCB student (☐ graduate or ☐ undergrad)

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Unit: \_\_\_\_\_  
last, first, MI

Working Title \_\_\_\_\_ Payroll Title \_\_\_\_\_ Pay Rate \_\_\_\_\_

Dept Code \_\_\_\_\_ Title Code \_\_\_\_\_ begin date \_\_\_\_\_ end date \_\_\_\_\_

Appointment % \_\_\_\_\_ fund % \_\_\_\_\_ fund source \_\_\_\_\_

Budgeted FTE \_\_\_\_\_ fund % \_\_\_\_\_ fund source \_\_\_\_\_

Position Control # \_\_\_\_\_ fund % \_\_\_\_\_ fund source \_\_\_\_\_

Name Unit Manager First \_\_\_\_\_ Last \_\_\_\_\_ UCBID \_\_\_\_\_

## 2. DEPARTMENT CHANGES (complete for current RSSP employees)

1. Will employee work under more than one department code? \_\_\_\_\_ Universe ID # \_\_\_\_\_

☐ YES (Dept. Codes \_\_\_\_\_) ☐ NO (last day \_\_\_\_\_) If no, answer question 2 below

2. If employee will return to old dept. code at a later date, date of return \_\_\_\_\_ dept. code \_\_\_\_\_

## COMMENTS:

**Please Sign and Date on page 2 of 2**

### 3. F 9HF C 57 H 9 LEDGER FUNDING CHANGES

1. Complete **ALL** of Section 1 with the fund source that you would like the employee to currently be paid on.
  2. Complete ledger information below.
  3. Is the employee currently being paid on the correct chart string? ☐ Yes ☐ No
  4. Are there multiple funds you would like the employee paid on in the past month(s)?  
☐ Yes (Attach multiple funds sheet from O: Drive) ☐ No (Complete ledger information below)
- For all other concerns or requests, please contact your payroll specialist.  
► Complete a Payroll Processing Form for ledger change request for **each** employee.  
► Indicate the amount to be transferred. If you do not indicate the amount or percent of time, we will assume that the entire amount should be transferred.

Amount \$ \_\_\_\_\_ OR Percentage \_\_\_\_\_

FROM:

Acct. # \_\_\_\_\_ Fund # \_\_\_\_\_ Org # \_\_\_\_\_ Prog \_\_\_\_\_ Project \_\_\_\_\_ Flex \_\_\_\_\_

TO:

Acct. # \_\_\_\_\_ Fund # \_\_\_\_\_ Org # \_\_\_\_\_ Prog \_\_\_\_\_ Project \_\_\_\_\_ Flex \_\_\_\_\_

Process

Month \_\_\_\_\_

ET Month \_\_\_\_\_

PG \_\_\_\_\_

Line # \_\_\_\_\_

Gross

Earnings \_\_\_\_\_

Benefit

Gross Amt. \_\_\_\_\_

### 4. SEPARATIONS (attach resignation letter and additional documents)

REASON FOR

SEPARATION:

Insert Reason Code \_\_\_\_\_

(Click [here](http://hrweb.berkeley.edu/hrms/actionreason.htm) for a list of reason codes or go

<http://hrweb.berkeley.edu/hrms/actionreason.htm>)

Last Day Worked: \_\_\_\_\_

(Attach last administrative time-sheet if Applicable)

Official Separation Day: \_\_\_\_\_

(If projecting time for a future date)

All hours to be paid must be entered in the time screen or reported on the time- sheet ☐ Completed

HOW DOES EMPLOYEE WANT FINAL PAY? ☐ Paper Check ☐ Direct Deposit\* ☐ Total Pay Card

\*deposit will be made on next available payday after separation date, signature required for this option

Employee Signature (direct deposit) \_\_\_\_\_

X: \_\_\_\_\_

1. Paper Check Options:

☐ Hold check at RSSP Payroll office for pickup

☐ Mail paycheck to address below

2. Direct Deposit Options:

☐ Hold pay stub at RSSP Payroll office for pickup

☐ Mail pay stub to address below

3. Total Pay Card

☐ Hold at RSSP Payroll office for pickup

☐ Mail card to address below

EMPLOYEE CONTACT INFORMATION:

Phone Number: \_\_\_\_\_

Alternate #: \_\_\_\_\_

Street \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### AUTHORIZATION AND PPF APPROVAL (signature required)

AUTHORIZED BY: \_\_\_\_\_

print name

signature

date

Completed By: \_\_\_\_\_

print name

unit

phone #

| PAYROLL USE ONLY                      | Date | Initials |   | Date | Initials | Separation                       |                                   |
|---------------------------------------|------|----------|---|------|----------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Pay Cycle    |      |          | <input type="checkbox"/> PR System        |      |          | <input type="checkbox"/> HCM     | <input type="checkbox"/> VPO      |
| <input type="checkbox"/> SKD          |      |          | <input type="checkbox"/> Add/delete codes |      |          | <input type="checkbox"/> DCP kit | <input type="checkbox"/> ZVL      |
| <input type="checkbox"/> BELI Updated |      |          | <input type="checkbox"/> HRMS             |      |          | <input type="checkbox"/> ZSL     |                                   |
| <input type="checkbox"/> Home Unit    |      |          | <input type="checkbox"/> EE Status        |      |          |                                  | <input type="checkbox"/> Universe |
| NOTES:                                |      |          |   |      |          | Check Expected / /               |                                   |