

UNIVERSITY OF NORTHERN COLORADO
TAGA Payroll Data Form

Bear #: _____ Last Name: _____ First Name, MI: _____

New to UNC? YES NO

(Person has never worked on campus in any capacity or position including student employee, faculty, classified, or temporary.)

New to Graduate Program? YES NO

Position Term: Fall: Spr: AY: FY: Sum: Start Date: __/__/____ End Date: __/__/____

Check here if FOAP change only:

Terminate Position Eff: __/__/____
(Complete ONLY if position is being termed early!)

Payroll use only

Payroll Begin Date: _____

Payroll use only

Payroll End Date: _____

Contact person for questions about this form (Name & Phone): _____

Position #: **TA9999** Suffix: _____ Payroll use only → Factor: _____ Monthly Amount: _____

AMOUNT	FTE	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	PERCENTAGE
				6162__			
				6162__			
				6162__			
				6162__			

← TOTAL \$ _____ Percentage must equal 100% _____

Change Existing TA Position Amount/FTE: Effective Date of Change: __/__/____

Previous Amount: _____ Previous FTE: _____ New Amount: _____ New FTE: _____

Position #: **GA9999** Suffix: _____ Payroll use only Factor: _____ Monthly Amount: _____

AMOUNT	FTE	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	PERCENTAGE
				6262__			
				6262__			
				6262__			
				6262__			

← TOTAL \$ _____ Percentage must equal 100% _____

Change Existing GA Position Amount/FTE: Effective Date of Change: __/__/____

Previous Amount: _____ Previous FTE: _____ New Amount: _____ New FTE: _____

Work assignment, changes requested, and any other details for the position(s):

Person initialing must be authorized to process contracts. FOAP approval is required.

Business Mgr: _____ FOAP Authority: _____ OSP Approval: _____ Grad School Review: _____ HR: _____ Payroll: _____