



FR.122

The purpose of this form is to standardize and facilitate requests by business units for same day-issued pay cards. Click to access form instructions.

SECTION 1. KEY INFORMATION – EMPLOYEE				*Indicates required fields	
UCPath Employee ID #	* (8 Digits) Last Name*		First Name*	Ν	И.I .
Business Unit*		Proxy ID #* (19 D	igits)		
SECTION 2. EMPLOY	EE PAY INFORMATIO	N (Click box next to curre	nt row to add row beneath - up to	ten rows total)	
Pay Group*	EMPL	Record*	Job Code	2*	
Earnings Begin Date*	Earnings End Date*	Earn Code*	Hours*	Earnings/Rate*	Add Roy

Reason for Request* (Please describe pay discrepancy, in detail)

SECTION 3. FORM COMPLETION AND APPROVAL					
Preparer's Name*	Phone * (numbers only; no spaces)	Date*			
	(
Approver's Signature*		Date*			

The retention schedule for this form can be found at http://recordsretention.ucop.edu/.

Revised 6/3/2020