

EXAMPLE 4

MONTHLY - NEW HIRE

You are the Business Affairs Manager for the College of Arts and Sciences Business Office. You are responsible for submitting personnel and budget amendment documents. One of the professors from the Chemistry Department notified you that he has hired a full time **Laboratory Technician III**. The new employee starts on **August 22, 2016** and will be paid an annual salary of **\$47,476**.

The department number is **900**. The position short title is **CLRMNXXA**, job class code is **11006** and the account number is **1011GH900000**, object code **51110**.

The following are calculations that you will need when filling out the personnel document.

Step 1		
Pay Periods		
# of months in Fiscal Year	x 1 pay check per month	= Pay Periods in Fiscal Year
12	1	12

Step 2		
Monthly rate		
Annual Salary	/ # of Pay Periods in Fiscal Year	= Monthly Rate or Rate per Pay Period
\$47,476	12	\$3,956.33

Step 3		
Position Budget		
Monthly Rate	/ # of working days in August	= Daily Rate for August
\$3,956.33	23	\$172.01

Step 3 continued		
Position Budget		
Daily Rate for August	x # of days to be worked in August	= Position Monthly Amount for August
\$172.01	8	\$1,376.12

Step 3 continued		
Position Budget		
Monthly Rate	x # of full months worked in Fiscal Year (Sept-June)	= Position Budget for Full Months
\$3,956.33	10	\$39,563

Step 3 continued		
Position Budget		
Position Budget for August	+ Position Budget (Sept-June) months	= Position Budget
\$1,376	\$39,563	\$40,939

EXAMPLE 4

MONTHLY - NEW HIRE

Step 4

EFT

Position Budget	/ Annual Salary =	EFT
\$40,939	\$47,476	0.86200

EMPLOYEE PERSONNEL REPORT

UNIVERSITY OF GEORGIA

DOCUMENT NO.	PAGE	DATE	FY	DEPARTMENT PHONE	COLLEGE OR DIVISION
900571220	1 of 1	09/26/2016	17	7065426956	
DEPARTMENT / PROJECT			PRI DEPT	HIGH DEGREE	INSTITUTION
BUDGET DEPARTMENT			027		
UGAID	LAST NAME	FIRST NAME/INITIAL	MIDDLE NAME/ INITIAL	SUFFIX	
HOME STREET OR ROUTE NO. (LINE 1)		NON-WORK PHONE	BIRTH DATE	SPOUSE'S NAME	CHAIR
HOME STREET OR ROUTE NO. (LINE 2)		UNIVERSITY PHONE	CITIZEN OF	I-9	VISA
			United States	Y	
HOME CITY	STATE	ZIP + 4	UNIVERSITY BLDG. NAME	BLDG NO/FLOOR/RM	
			BUSINESS SERVICES	0110 / / 0226	

UGA EMPLOYMENT HISTORY
 (C) CURRENT (P) PREVIOUS
 DATE / /

PAY TYPE
M

UGA % TIME	ACTION MO DA YR
100 000	08 22 2016

(1) FULL BENEFITS

(E) EXEMPT (N) NON-EXEMPT (T) TIPPED

(M) MALE (S) SINGLE (Y) FACULTY RANK

(F) FEMALE (M) MARRIED (N) NON-FACULTY

HISPANIC OR LATINO/A

WHITE AFRICAN AMERICAN ASIAN

AMERICAN INDIAN/ALASKA NATIVE NATIVE HAWAIIAN/OTH PAC ISLAND

FOR PAYROLL DEPT USE ONLY				COOP. EXT. EMPLOYEES ONLY		PAYROLL PAYMENT DISTRIBUTION	
FED EXM	STATE EXM	OASDI	RETIRE	GDCP	COUNTY MONEY (PER PAY PERIOD)	UGA SALARY	—
		HI	EIC			COUNTY MONEY	—
						TOTAL	—
						<input checked="" type="checkbox"/> (1) DEPARTMENT DISTRIBUTION CODE <u>100</u>	

TRX	HOME DEPT	SHORT TITLE	POSN NO.	APPT. BEGIN MO DA YR HR	APPT. END MO DA YR HR	JOB CLASS CODE	POSITION TITLE	POS % TIME	C N	FULL TIME ANNUAL SALARY	S C	SUPPLEMENT AMOUNT
	900	CLRMN	57A	08 22 16 00 0	06 30 17 08 0	11006	LABORATORY TECHNICIAN III	1 00000	N	47476		

PAYROLL AUTHORIZATION

TRX	HOME DEPT	SHORT TITLE	POSN NO.	ACCOUNT	FISCAL YEAR EFT	BUDGET	FROM THRU	AMOUNT PER PAY PERIOD / HOURLY RATE
	900	CLRMN	57A	1011GH900000	0 86200	40939	08 22 16 00 0 - 09 01 16 00 0	1376 12
					08 31 16 08 0 - 06 30 17 08 0			3956 33
TOTALS					0 86200	40939		1376 12 3956 33

REASON CODES

(A) New UGA Employee
 (E) Appointment to New Position

REMARKS

I-PAWS ACTION # 012345

Fed Retire: N

EXAMPLE 4-MONTHLY NEW HIRE

DOCUMENT NO.	PAGE	DATE	FY	DEPARTMENT/PROJECT
900571220	1 of 1	09/26/2016	17	BUDGET DEPARTMENT
UGAID	LAST NAME	FIRST NAME/INITIAL	MIDDLE NAME/ INITIAL	SUFFIX

BUDGET POSITION

UNIVERSITY OF GEORGIA BUDGET AMENDMENT

TRX	HOME DEPT	SHORT TITLE	POSN NO.	APPT. BEGIN MO DA YR HR	APPT. END MO DA YR HR	JOB CLASS CODE	POSITION TITLE	POS % TIME	C N	FULL TIME ANNUAL SALARY	S C	SUPPLEMENT AMOUNT
	900	CLRMN	57A	08 22 16 00 0	06 30 17 08 0	11006	LABORATORY TECHNICIAN III	1 00000	N	47476		

BUDGET AMENDMENT (PERSONAL AND NON-PERSONAL SERVICES)

TRX	HOME DEPT	SHORT TITLE	POSN NO.	ACCOUNT	OBJECT	DESCRIPTION	CURRENT EFT	CURRENT BUDGET	CHANGE EFT	+	CHANGE AMT	+	REVISED EFT	+	REVISED BUDGET
	900	CLRMN	57A	1011GH900000	51110	MONTHLY PAYROLL			0 86200	+	40939	+	0 86200		40939
	900	LBCLR	L A	1011GH900000	51130	HOURLY BI-WEEKLY	-1 79800	-47476	1 55000	-	40939	-	-3 34800		-88415
TOTALS							-1 7980	-47476	0 68800	-			-2 4860		-47476

FUNDING SOURCE (DEPARTMENTAL INCOME OR CONTINGENCY)

TRX	ACCOUNT	OBJECT	FUNDING SOURCE	CHANGE AMT	+-

REMARKS / REFERENCE

EXAMPLE 4-MONTHLY NEW HIRE