

### EXAMPLE 3

#### SALARIED BI-WEEKLY - REPLACEMENT

You are the HR Program Coordinator for the School of Public and International Affairs (SPIA). You are responsible for submitting personnel and budget amendment documents. The Business Manager hired a person to fill the **Administrative Assistant I** position that was vacated on January 17, 2017. The new employee is full time and her start date is **January 23, 2017** with an annual salary of **\$25,025**.

The department number is **900**. The position short title is **CLRTCXXB**, job class code is **00093** and the account number is **1011GH900000**, object code **51120**.

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

#### Step 1

##### Work hours in the current fiscal year

# of work days in Fiscal Year	X	# of work hours per day	=	# of work hours in Fiscal Year
261		8		2,088

#### Step 2

##### Hourly rate

Annual Salary	/	# of work hours in Fiscal Year	=	Hourly Rate
\$25,025		2,088		\$11.985

#### Step 3

##### Position Budget

# of days to be worked in Fiscal Year (1/23-6/30)	X	# of work hours per day	=	Total # of hours worked in Fiscal Year
115		8		920

#### Step 3 Continued

##### Position Budget

Total # of hours worked in Fiscal Year	X	Hourly Rate	=	Position Budget
920		\$11.985		\$11,026

#### Step 4

##### EFT

Position Budget	/	Annual Salary	=	EFT
\$11,026		\$25,025		0.44100

**EMPLOYEE PERSONNEL REPORT**

**UNIVERSITY OF GEORGIA**

DOCUMENT NO.	PAGE	DATE	FY	DEPARTMENT PHONE	COLLEGE OR DIVISION
900570003	1 of 1	12/21/2015	17	7065426956	
DEPARTMENT / PROJECT			PRI DEPT	HIGH DEGREE	INSTITUTION
BUDGET DIVISION			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  
**S**

UGA % TIME	ACTION MO DA YR
100 000	01 23 2017

(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**

FED EXM	STATE EXM	OASDI	RETIRE	GDCP	COUNTY MONEY (PER PAY PERIOD)
		HI	EIC		

**COOP. EXT. EMPLOYEES ONLY**

UGA SALARY	—
COUNTY MONEY	—
TOTAL	—

**PAYROLL PAYMENT DISTRIBUTION**

(1) DEPARTMENT DISTRIBUTION CODE 100

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	CLRTC	57B	01 23 17 00 0	06 30 17 08 0	00093	ADMINISTRATIVE ASSISTANT I	1 00000	N	25025		

**PAYROLL AUTHORIZATION**

TRX	HOME DEPT	SHORT TITLE	POSN NO.	ACCOUNT	FISCAL YEAR EFT	BUDGET	FROM THRU	AMOUNT PER PAY PERIOD / HOURLY RATE	MO DA YR HR
	900	CLRTC	57B	1011GH900000	0 44100	11026			01 23 17 00 0 06 30 17 08 0 11 985
<b>TOTALS</b>					<b>0 44100</b>	<b>11026</b>			

**REASON CODES**

(D ) Replacement Position GINA ROBERTS

**REMARKS**

I-PAWS ACTION # XXXXX  
 BASE PLUS 8.8%  
 Fed Retire: N

**EXAMPLE 3 - SALARIED BI-WEEKLY REPLACEMENT**

DOCUMENT NO.	PAGE	DATE	FY	DEPARTMENT/PROJECT
900570003	1 of 1	12/21/2015	17	BUDGET DIVISION
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	CLRTC	57B	01 23 17 00 0	06 30 17 08 0	00093	ADMINISTRATIVE ASSISTANT I	1 00000	N	25025		

**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	CLRTC	57B	1011GH900000	51120	SALARIED BI-WEEKLY	0 45200	11303	0 01100	-	277	-	0 44100	11026
	900	LBCLR	L A	1011GH900000	51130	HOURLY BI-WEEKLY		-23946			277	+		-23669
<b>TOTALS</b>							<b>0 45200</b>	<b>-12643</b>	<b>0 01100</b>	<b>-</b>			<b>0 44100</b>	<b>-12643</b>

**FUNDING SOURCE (DEPARTMENTAL INCOME OR CONTINGENCY)**

TRX	ACCOUNT	OBJECT	FUNDING SOURCE	CHANGE AMT	+-

**REMARKS / REFERENCE**

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