

UB FOUNDATION SALARY PAYMENT AUTHORIZATION

REQUIRED FOR APPOINTMENTS TO RF: Project # _____ **Task #** _____ **Award #** _____

(TO BE COMPLETED BY UBF PRINCIPAL INVESTIGATOR)

- New Appointment
- Change
- Termination

Principal Investigator _____
 Campus Department _____
 Campus Address _____
 Project Contact and Phone # _____

SALARY CODE *	TYPE **
B = Biweekly	Reg Em
A = Annual	Grad
H = Hourly	U Grad

Name (First, Middle Initial, Last)	UB Person #	Salary Code *
		<input type="checkbox"/> Biweekly <input type="checkbox"/> Annual <input type="checkbox"/> Hourly

UBF Account #	Appt. Begin Date	Appt. End Date	% Effort	Salary	Type **
					<input type="checkbox"/> Reg Em <input type="checkbox"/> Grad <input type="checkbox"/> U Grad

It is understood that:

(1) Funds available to pay the above salary are limited to the balance of funds on deposit in the relevant UB Foundation account.

(2) Applicable fringe benefit charges will be assessed against the salary expenditure.

(3) RF appointment forms must be filed for the appointment identified above.

 Principal Investigator's Signature Date

(FOR G&C USE ONLY)

APPT DATES: _____ ANNUAL: _____ B/W: _____ HRLY: _____

SAL FUNDS ENC: _____ F/B FUNDS ENC: _____ VERIFIED: _____

ADDITIONAL INFORMATION:

(FOR UB FOUNDATION USE ONLY) **ADDITIONAL INFORMATION:**

VERIFIED BY: _____	
DATE: _____	