

ZZ

Honorarium Action Form

Last	First	Middle
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PPAIDEN

Employee ID _____	SSN _____
Address Type LO _____	Address Type PR _____
Address Line 1 _____	Address Line 1 _____
Address Line 2 _____	Address Line 2 _____
Address Line 3 _____	Address Line 3 _____
City _____	City _____
State / Province _____	State / Province _____
Zip _____	Zip _____
Nation (if not US) _____	Nation (if not US) _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____ (01/01/1834) Unknown
Citizenship <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NR <input type="checkbox"/> RA	Marital Status _____ Ethnicity _____ (U) Unknown (6A) Unknown

PEEMPL

Employee Class	H1
COA	<input type="checkbox"/> R <input type="checkbox"/> H
Home Org (required)	_____
Home Dept. Name	_____

NBAJOBS

Posn	HN9999	Suff	00
Effective Date(s)	_____		
Rate / Assign Salary	_____		
Factors / Pays	_____		
Annual Salary	_____		
Payroll ID	ZZ		
Earnings Code	_____		

FOAPAL

Fund	Org	Acct	Prog	Activity	Loc	Percent

COMMENTS

Payroll Signature: _____	Date: _____	Entered By / Date: _____
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