

INTERNAL PAYROLL EMPLOYMENT FORM

FORM IP-1

NO EMPLOYMENT COMMITMENTS ARE TO BE EXTENDED PRIOR TO AUTHORIZATION
BY THE OFFICE OF HUMAN RESOURCE ADMINISTRATION

1. Employee URI ID # 1a. Empl Rcd 2. Begin Date 3. End Date

4. ☐ Hire ☐ Re-Hire Correction 5. State Payroll Status: ☐ Current URI State Employee Staff ☐ Current URI State Employee Faculty ☐ NA

PERSONAL DATA

6. First Name 7. Middle Initial 8. Last Name

9. Residence Street 10. City 11. State 12. Zip

13. Mailing (if different) 14. City 15. State 16. Zip

17. Gender ☐ M ☐ F 18. DOB (mmddyyyy) 19. US Citizen 20. Primary Ethnic Group

JOB DATA

22. Description of Work Performed

23. Department Name 24. e-Campus Dept. Number

25. Location (building) 26. Supervisor

27. Job Code 28. Hours/week - REQUIRED for Contract AND Hourly

29. Compensation Rate: (complete one) Hourly: \$/hour Contract: total amount \$

Salary Distribution Data

☐ Use Default Account

	Begin Date	End Date	Fund	Department	Program	Project	Percent
30.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Percent total (must Equal 100)

34. REQUIRED Forms: I-9 Packet: On File **OR** New Hire: **Date Uploaded**

☐ Additional Compensation Form (for staff on state payroll) ☐ A-64 Form (Request for Special Employ) ☐ All forms on file

Employee Signature (**REQUIRED**):

Date

Dean/Director/Dept Head/PI

Date

URI Foundation (if Applicable)

Date

Human Resources

Date

To be filled in by HRA: FLSA status Peoplesoft: HR PY

Rev. 04/2023