THE UNIVERSITY OF RHODE ISLAND

INTERNAL PAYROLL EMPLOYMENT FORM

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

Completed form must be submitted to internalpayroll@etal.uri.edu

1. Employee URI ID #	1a. Empl Rcd	2. Begin Date	3. Enc	d Date	
4. Hire Re-Hire Correc	tion	5. State Payroll State	Employee	Current URI State	NA
6. First Name	7. Middle Initia	8. Last Name	Staff	Faculty	
9. Residence Street	10. City		11. State	12. Zip	
13. Mailing (if different)	14. C	ty	15. State	16. Zip	
17. Gender 🦳 M 🦳 F 18. DOB (mm	ddyyyy)	19. US Citizen	20. Primary Ethn	ic Group	
JOB DATA					-
22. Description of Work Performed					
23. Department Name			24. e-Campus De	pt. Number	
25. Location (building)		26. Supervisor			
27. Job Code	28. Hour	s/week - REQUIRED for	Contract AND Hourly		
29. Compensation Rate: (complete one)	Hourly: \$/hour		Contract: total amou	nt \$	
Salary Distribution Data	Use Default	Account			
Begin Date End Date	Fund [Department F	Program	Project	Percent
30.					
31.					
32.					
33.					
34. REQUIRED Forms: I-9 Packet:	On File OR New F	Hire: Date Uploaded		total (must Equal100))
	mpensation Form (for staff on			loy) 🗌 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	Peo				Rev. 05/2024

FORM IP-1