



**Appointment / Payroll Change Request Form**

**Type of Action:**  New Appointment  Visa  
 Payroll Change  
 KFS Account Number Change

Name: \_\_\_\_\_ Title: \_\_\_\_\_

UMD Email: \_\_\_\_\_

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Compensation:**

Faculty / Staff: \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_  
 Graduate Student:  
 Step:  I  II  III Academic Department \_\_\_\_\_  
 Status:  Undergraduate  Graduate Hourly Rate \$ \_\_\_\_\_

**For New Appointments:**

Funds are available on KFS Number \_\_\_\_\_ for \_\_\_\_\_ % of salary  
 KFS Number \_\_\_\_\_ for \_\_\_\_\_ % of salary  
 KFS Number \_\_\_\_\_ for \_\_\_\_\_ % of salary

**For KFS Account Number Change or Change in Breakdown:**

Change the above person's salary effective date/payroll period \_\_\_\_\_ from his/her  
 Current KFS number \_\_\_\_\_ for \_\_\_\_\_ % to:  
 KFS \_\_\_\_\_ for \_\_\_\_\_ % KFS \_\_\_\_\_ for \_\_\_\_\_ %  
 KFS \_\_\_\_\_ for \_\_\_\_\_ % KFS \_\_\_\_\_ for \_\_\_\_\_ %

**Visa Processing:**

New  Existing Visa Change  Status Change  Termination  Institution Change

Visa Type: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Physical Office/Lab Location: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_ UMD Email for Supervisor: \_\_\_\_\_

Detailed Description of Duties: \_\_\_\_\_

Remarks: \_\_\_\_\_

Requestor Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IREAP Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_