



Institute for Research in Electronics and Applied Physics

Payroll Request Form

Please send completed form to ireap-hr@umd.edu

If you need a salary support change on a current appointment
please contact **Leslie Delabar** ldelabar@umd.edu

Requestor Name: _____

Action Requested:

New Appointment

Email: _____

Appointment Change

Phone Number: _____

Appointee's Full Name (as on government issued ID): _____

Phone Number: _____

Email: _____

UID (if applicable): _____

Detailed Description of Duties:

Start Date: _____

End Date: _____

Salary: _____

Title: _____

Appointment Category: _____

Visa Required? Yes No

Transferring Department? Yes No

Department: _____

Salary Support

Driver Worktag Number (previously KFS Number)

Driver Worktag #: _____ %

Driver Worktag #: _____ %

Driver Worktag #: _____ %

Along with this form please provide appointee's CV or Resume

PI Approval Signature: _____

FOR PAYROLL COORDINATOR USE ONLY:

Effective Pay Period:

Department Approval: _____

Profile ID:

Remarks:

Please direct all questions to ireap-hr@umd.edu