

MANUALLY COMPLETED

University of Hawaii Payroll Notification Form PNF Date:

SSN: Name: Doc No:
P/R: WD: Birthdate:
Sex: Marital Status: Fed Exempt: State Exempt: Pay Class:
Ret/FICA: Isl: Visa: Tenure: UH Appt Dt:
Appointment Period From: To: BOR Appts:

P/A Description Eff Date Partial Pos No

Dept:

From: Position Title F/T Mon To: Position Title F/T Mon
Pos No Grd Stp Percent Bu Pos No Grd Stp Percent Bu

Annual: Annual: BU:
Semi-mo: Semi-mo: FTE:

Pay Type Account Code Percent Semi-Mo Amt NTE Date Pos No

Remarks:

The above appointment is contingent on the availability of funds, and visa provisions when applicable. It is certified that the appointment is in compliance with Board of Regents policies and applicable statutes and regulations. In the event that service does not continue throughout the term, if any be specified, the salary due will be based upon the period of actual service.

Approving Officer Signature/Date

I certify that, to the best of my knowledge, the appointment or personnel transaction(s) shown above is/are in compliance with Board of Regents policies and all applicable statutes and regulations.

Approving Officer Signature/Date

Fiscal Officer Signature/Date

Appointing Officer Signature/Date