


FINANCIAL MEMORANDUM		
Memorandum No. 174	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	Page 1 of 19
Approved by  S. HARVEY	SUBJECT: TIME AND EFFORT REPORTING POLICIES AND PROCEDURES	Date Issued/Last Amended 9/13/84, 1/6/19
Replaces		
<p>I. The purpose of this memo is to set forth all aspects of the policies and procedures applicable to time and effort reporting for federally sponsored research grants and contracts.</p> <p>II. <u>Introduction</u></p> <p>Institutional Base Salaries (IBS) charged to sponsored projects must be supported by properly prepared time and effort reports that document and approve the effort charged annually to research, institution, clinical trials, clinical and other activities.</p> <p>Federal regulations contained in 2CFR Chapter 1, Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards: Final rule aka. Uniform Guidance (UG) (Federal Cost Principles for Educational Institutions) govern charges to grants and contracts, which became effective for all awards made on or after December 26, 2014, established the criteria for activity reporting systems that capture compensation for personal services. Beginning in 1983 the Icahn School of Medicine at Mount Sinai began using the Plan-Confirmation Payroll Distribution System, approved by the DHHS Division of Cost Allocation, for salaries and wages of faculty and professional staff, applicable to sponsored agreements, based on budgeted, planned or assigned work activities, updated to reflect any changes in work distribution. The plan confirmation system accounts for 100 percent of the activity for which the employee is compensated in fulfilling his/her obligations to the School and complies with the standards for documentation of time and effort.</p> <p>III. <u>Procedures</u></p> <p>A. <u>Time and Effort Report</u></p> <p>Every faculty member and professional employee who charges salary/effort to grants, is required to complete an annual Statement of Verification-Time & Effort Report.</p> <p>The annual Time & Effort Report is electronically verified on a calendar year basis in Sinai Central by the employee and his/her supervisor with first-hand knowledge, verifying that the employee's salary distribution, adjusted for the NIH salary cap, if appropriate, reflects the actual effort performed.</p>		
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI		

If the employee's salary distribution does not reflect a reasonable estimate of actual effort performed, the employee and/or supervisor requests a corrective salary authorization transaction is processed and the effort report is rerun.

The instructions for completing the annual time and effort report are as follows:

Annual Plan Confirmation Time and Effort Report. See the following sample.

Every year, in the Spring, Sponsored Projects Finance sends an annual plan confirmation Time and Effort report to every faculty member and professional employee who charged institutional base salary and effort to an Icahn School of Medicine grants and contracts. The Plan-Confirmation Statements of Verification report includes the following information:

- employee name,
- life number,
- department and title,
- effort and salary distribution reflecting budgeted, planned or assigned work activities based on the salary authorizations processed by the employee's home department in the following effort categories,
 - Research,
 - Instruction,
 - Clinical Trials,
 - Clinical Activities, and
 - Other activities.

The time period during the prior year, grant account member charged, Institutional Base Salary and the allocation of effort to each activity adding to 100% is shown on the time and effort report (see following sample).

If the allocation of employee's salary distribution does not reflect a reasonable estimate of actual effort performed, the corrective section of the form should be completed. Then the Department Administrator will process a corrective salary source action. A revised Statement of Verification – Time & Effort Report will be then created by Sponsored Projects Finance and returned to the faculty member or professional employee for approval.

The completed time and effort report must be approved in Sinai Central by the faculty member and/or employee and his/her supervisor with firsthand knowledge verifying that the employee's salary distribution reflects the actual effort performed. The completed time and effort report resides in Sinai Central. The following definitions explain the terms contained in the Plan Confirmation Statement of Verification – Time & Effort Reports:

1. Faculty - includes only those employees who have academic ranks as appointed by the Icahn School of Medicine at Mount Sinai.
2. Professional Employee - includes social worker, nurse, technician, therapist, dietician, psychologist, chemist, pharmacist, programmer/analyst, administrative assistant, etc. These classifications generally require a college degree.
3. Organized Research:
 - a. Sponsored Research – Any research project which is separately budgeted and accounted for.
 - b. Sponsored Research – Voluntary Committed Cost Sharing – Employee’s sponsored research effort which is contributed by the institution and not charged to the budget of sponsored research.
 - c. Sponsored Training – Any extramurally-funded training program, which is separately budgeted and accounted for.
 - d. All other Sponsored Projects – All other projects and programs not included in items a. and c. above that are separately budgeted and accounted for.
4. Instruction - All medical student teaching and departmental research supported by the School operating budget and departmental funds. Not Sponsored Training.
5. Clinical Activity - Employee effort devoted to patient care.
6. Clinical Trials -Employee effort devoted to non-federally supported clinical trials.
7. Other Activities (Residual Category) -For the purposes of the Statement of Verification-Time & Effort Report and Facilities and Administration Cost Activity Report, this category includes: Departmental Administration, Bid and Proposal, General Administration, (instructional administration and sponsored projects administration) which are defined in the sub-paragraphs below.

- a. Departmental Administration -That portion of the departmental salary expenses for administrative and supporting services which benefit common or joint departmental activities. (The Facilities and Administration Cost Activity Report requires a notation of specific administrative assignments (names of committees, etc.) and/or types of general supporting services for faculty and employees below the Chairman level.)
- b. Bid and Proposal -Time and/or effort spent on preparation of new applications and/or contract proposals on potential Government and non- Government sponsored agreements or projects, including the development of data necessary to support the School's bids or proposals. Proposal costs of the current accounting period, of both successful and unsuccessful bids and proposals, are treated as indirect costs and allocated through the General Administration category of expense.
- c. General Administration -The faculty or employee totally assigned to the general executive and administrative offices of the School, such as Office of the Dean, Finance, Purchasing, IT, etc., for work of a general nature which does not relate solely to (1) organized research, (2) instruction, (3) clinical trial, or (4) clinical activities, is not required to submit a Facilities and Administrative Cost Activity Report.

Employee Name: DOE, JANE
 Life No.: 1111111
 Current Annual Base Salary \$: 75,000

Job Title: PROJ MGR I
 Employment Date: 08/17/2009
 Termination Date:

Icahn School of Medicine at Mount Sinai
 Time and Effort Report
 Calendar Year 20XX
 Dept: 821 - CARDIOLOGY

Period From / To	Account	% of Effort	Allocation of Effort				Correction of Effort	
			Research	Instruction	Clinical Trials	Clinical Activities	Other	Account
01/01 - 06/30	02444650	0.099					0.099	
01/01 - 06/30	02545971	0.397	0.397					
07/01 - 12/31	02444650	0.101					0.101	
07/01 - 12/31	02545972	0.403	0.403					
Total		1.000	0.800				0.200	

VERIFICATION

This is to certify that the percentage of effort charged to research, instruction, clinical trials, clinical activities, and other activities as indicated above is reasonable in relation to work performed by the employee.

Employee:

Supervisor with first hand knowledge of employee's activities:

Certified by

Certified by

B. Indirect Cost Activity Report

At the end of the base year (when multiple-year predetermined Facilities and Administrative cost rates are negotiated), an Indirect Cost Activity Report is completed for every employee of Instructional departments (not limited by the 3.6% Administrative cap) who totally, or partially, perform an indirect activity. This report accounts for 100 percent of the activity for which the employee is compensated, and provides a breakdown of the residual category for those employees who are also assigned to work on sponsored projects. See the following sample:

Definitions of the categories of effort include:

1. Faculty - includes only those employees who have academic ranks as appointed by the Icahn School of Medicine at Mount Sinai.
2. Professional Employee - includes social worker, nurse, technician, therapist, dietician, psychologist, chemist, pharmacist, programmer/analyst, administrative assistant, etc. These classifications generally require a college degree.
3. Organized Research:
 - a. Sponsored Research – Any research project which is separately budgeted and accounted for.
 - b. Sponsored Research – Voluntary Committed Cost Sharing – Employee's sponsored research effort which is contributed by the institution and not charged to the budget of sponsored research.
 - c. Sponsored Training – Any extramurally-funded training program, which is separately budgeted and accounted for.
 - d. All other Sponsored Projects – All other projects and programs not included in items a. and c. above that are separately budgeted and accounted for.
4. Instruction - All medical student teaching and departmental research supported by the School operating budget and departmental funds. Not Sponsored Training.
5. Clinical Activity - Employee effort devoted to patient care.
6. Clinical Trials -Employee effort devoted to non-federally supported clinical trials.

7. Other Activities (Residual Category) -For the purposes of the Statement of Verification-Time & Effort Report and Facilities and Administration Cost Activity Report, this category includes: Departmental Administration, Bid and Proposal, General Administration, (instructional administration and sponsored projects administration) which are defined in the sub-paragraphs below.
- a. Departmental Administration -That portion of the departmental salary expenses for administrative and supporting services which benefit common or joint departmental activities. (The Facilities and Administration Cost Activity Report requires a notation of specific administrative assignments (names of committees, etc.) and/or types of general supporting services for faculty and employees below the Chairman level.)
 - b. Bid and Proposal -Time and/or effort spent on preparation of new applications and/or contract proposals on potential Government and non-Government sponsored agreements or projects, including the development of data necessary to support the School's bids or proposals. Proposal costs of the current accounting period, of both successful and unsuccessful bids and proposals, are treated as indirect costs and allocated through the General Administration category of expense.
 - c. General Administration -The faculty or employee totally assigned to the general executive and administrative offices of the School, such as Office of the Dean, Finance, Purchasing, IT, etc., for work of a general nature which does not relate solely to (1) organized research, (2) instruction, (3) clinical trial, or (4) clinical activities, is not required to submit a Facilities and Administrative Cost Activity Report

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
 FACILITIES AND ADMINISTRATIVE COST ACTIVITY REPORT
 FOR THE CALENDAR YEAR

NAME _____ DEPARTMENT _____
 TITLE _____ CHAIR PERSON _____

TOTAL AMOUNT OF SALARIES OR WAGES RECEIVED FOR CALENDAR YEAR \$ _____

	% of Salary Charge per Salary Authorization	Distribution of Time & Effort – Based on Review with Chairperson % Amount	
COMPENSATED ACTIVITIES			
Sponsored Research			
Sponsored Research Voluntary Committed Cost Sharing			
Sponsored Training			
All Other Sponsored Projects			
Instruction			
Clinical Trials			
Clinical Activity			
Other Activities (Residual Category)			
a. Departmental Administration (If applicable list the committees or types of service in the REMARKS section below)			
b. Bid or Proposal			
c. General Administration			
i. Instructional administration			
ii. Sponsored Projects Administration			
	100%	100%	\$ _____

REMARKS _____

VERIFICATION

This is to certify that the salary distribution, as indicated above, is reasonable in relation to work performed.

Employee Confirmation	Supervisor with First – Hand Knowledge of Employee’s Activities
_____	_____
(Print Name)	(Print Name)
_____	_____
(Signature)	(Signature)

(Date)	

Icahn School of Medicine at Mount Sinai
Office of Sponsored Projects Finance

C. NIH Salary Cap Calculation

Every year since 1990 Congress has legislatively mandated a provision limiting the direct salary that an individual may receive under an NIH grant.

To see the latest NIH Salary Cap amount, please go to the following website address:

https://grants.nih.gov/grants/policy/salcap_summary.htm

<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-024.html>

The salary limitation provision DOES apply to sub-awards for substantive work under an NIH grant or contract.

For time and effort reporting and calculating salary cap limitations, the following definitions of institutional base salary and effort apply:

1. Institutional Base Salary (IBS)

For the purposes of the salary limitation, the terms “direct salary,” “salary,” and “Institutional Base Salary (IBS),” have the same meaning and are exclusive of fringe benefits, supplemental pay, whether clinical or administrative and facilities and administrative (F&A) expenses, also referred to as indirect costs. An individual’s institutional base salary is the annual compensation that the applicant organization pays for an individual’s appointment, whether that individual’s time is spent on research, teaching, patient care, or other activities. Base salary also excludes any income that an individual may be permitted to earn outside of the duties to the applicant organization.

2. Effort

Effort is the proportion of time spent on any activity, expressed as a percentage of the total professional activity for which an individual is employed by the Icahn School of Medicine and receives IBS (“Total School Effort”). (Some sponsors, such as NSF and NIH, requires that effort be expressed in person-months in grant proposals, but the concept is the same – i.e., three person-months for an individual with a 12-month appointment represents 25% effort.) Total School Effort is defined in terms of actual effort. It is not defined on the basis of a standard number of hours in a week, month, or year.

An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to NIH grants and contracts. An

institution may pay an individual's salary amount in excess of the salary cap with non-federal funds.

The salary limitation does NOT apply to payments made to consultants under an NIH grant or contract although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy.

Over the Salary Cap Guidance

Over the Salary Cap Definition: The portion of a faculty or staff member's salary (and associated fringe benefits) that exceed the regulatory maximum imposed by the sponsor (e.g., National Institutes of Health). Over-the-cap salary cannot be used to meet a mandatory or voluntary committed cost sharing requirement, since it is considered an unallowable cost to the sponsor.

If the employee's IBS exceeds the salary cap, then the salary charge to the grant is limited to the salary cap multiplied time the grant effort as shown in the following examples:

Examples of the Salary Cap Calculation – Full Time Employee

A full time Faculty Member with an IBS of \$200,000 committed to 10% annual effort on project.

Salary and Cost Categories	Amount
Institutional Base Salary (IBS)	\$200,000
Salary Cap	<u>\$192,300</u>
Over the cap amount (\$200,000 - \$192,300)	\$ 7,700
Effort on project per the grant award	10%
Salary allowed to be directly charged to project (10% x \$192,300)	\$ 19,230
Salary to be paid by non-sponsored departmental account (10% x \$7,700)	\$ 770

Additional Information

- If the faculty member's actual approved effort exceeds 10%, say 12%, then the IBS allowed to be charged directly to the project, \$23,076 ($\$192,300 \times 12\%$) can increase by \$3,846 ($\$23,186 - \$19,230$). The cost shared IBS increases to \$924 (12% of \$770).
- If the 10% effort is accurate, but the salary charge to the grant is equivalent to \$23,076, then a salary source change must be processed to reduce the salary charge by \$3,846 ($\$19,230 - \$23,076$).

Examples of the Salary Cap Calculation – Part-time Employees

A ½ time faculty member with IBS of \$100,000 committed 10% annual effort on project.

Institutional Base salary (IBS)	\$100,000
Salary Cap ($\$192,300 \times 50\%$)	<u>\$ 96,150</u>
Over the Cap amount ($\$100,000 - \$92,550$)	\$ 3,850
Effort on project per the Grant Award	10%
Salary allowed to be directly charged to Project ($10\% \times \$96,150$)	\$ 9,615
Salary to be paid by non-sponsored departmental account ($10\% \times \$3,850$)	\$ 385

Call Raj Appavu in Sponsored Projects Finance at X64023 if you have questions.

D. Description of the Icahn School of Medicine at Mount Sinai Payroll Distribution System

Icahn School of Medicine at Mount Sinai uses the Plan-Confirmation Payroll Distribution System for salaries and wages of employees applicable to organized research, based on budgeted, planned or assigned work activity, updated to reflect any changes in work distribution. Each month the principal investigator /designee receives general ledger transaction reports indicating the personnel and salary amounts charged to each sponsored project. Department administrator receives an online, "FTE Report" that lists, all department employees, by Job Class, and their corresponding salary sources. Managers also have access to an online employee file, which includes current funding sources and effort distribution.

When a Faculty or employee is hired, or assigned by a transfer to a different activity, the following salary authorization forms are used:

1. The PSM 100 (Exhibit A) is used for Faculty:

- Appointments, Re-appointments and Title Changes
- Salary and Hours Changes
- Terminations
- Department Transfers

2. The Online HRTS transactions (Exhibit B) is used for:

- Faculty and employee Salary Source (i.e., effort distribution) changes
- Faculty and employee Leaves of Absence
- Faculty and employee Bonuses
- Employee Salary Changes and Hours Changes
- Employee Job/Title changes, except where a pay-frequency change is involved (i.e., change from weekly/hourly to bi-weekly/salary)
- Employee Terminations

3. The e-mail Human Resources Action Form P-111 (Exhibit C) is used for:

- Employee Department Transfers
- Employee Job/Title changes, where a pay-frequency change is involved

All salary authorizations, initiated by Department Administration, are approved by Finance. In addition, HR approves salary changes and bonuses. The salary authorizations are processed by either the online system, HR or payroll.

The Medical Center runs a Payroll:

- *Weekly*, for non-exempt hourly employee
- *Bi-weekly*, for exempt salaried employees
- *Monthly*, for executive staff.

After each payroll run, pay transactions are posted to individual accounts/funding sources based on the salary authorizations processed. Any processing errors are resolved prior to posting the payroll. All payrolls are posted prior to the monthly financial accounting close.

Weekly employees have electronic time cards which they swipe when they report to and leave work. The payroll system accumulates this data and summarizes the activity by day, for the Department Administrator/designee. The Department Administrator/designee enters absences, by type (i.e., vacation, sick time, etc.) and approves the electronic time cards before payroll processing. Bi-weekly and monthly employees do not swipe, and their absences are recorded by department administration regularly.

At the end of each calendar year, the Plan-Confirmation Annual Statement of Verification (Time & Effort Report) is sent to employees and supervisors (with first-hand knowledge of the employee's work activity) for verification that previously planned activities, performed during the calendar year, are reasonable as they relate to direct charges to organized research, instruction, clinical, indirect and other activities.

If the Annual Statement of Verification or the Monthly Ledger Charges do not reflect a reasonable estimate of the actual effort performed, it is necessary for the Department to process a salary authorization so that adjustments in salary distribution may be affected.

At the end of each calendar year (base year when multiple year predetermined Facilities and Administrative Cost rates are negotiated), the Facilities and Administrative Activity Report is completed for each applicable employee of instructional departments totally, or partially, performing indirect functions, based on a review with the respective departmental chairperson.

The Sponsored Projects Accounting Department is responsible for controlling and issuing the Plan - Confirmation Statements of Verification (Time & Effort), and Facilities and Administrative Cost Activity reports. Upon receipt of the completed reports, a comparison will be made with original distribution of activities as indicated in the salary authorizations.

The payroll documentation system for non- faculty/professional employees complies with the standards for documentation and other specific requirements in support of personnel expense charges to Federal awards as described in the UG.

PROFESSIONAL PERSONNEL ACTION FORM

NOTE: An individual will not be put on payroll or be recognized as an employee unless the information below is recorded and his (her) employment confirmed with personnel directly after he (she) has started work.

TYPE OF ACTION:

NEW APPOINTMENT TITLE CHANGE
 REAPPOINTMENT SALARY CHANGE
 TERMINATION SALARY SOURCE CHANGE
 LEAVE OF ABSENCE

Last Name	First Name	M.I.	Originating Dept.
Title		Life Number	Primary Dept.
Mt. Sinai Extension	Mt. Sinai Location		SVC Plan
Date Prepared	Prepared By		Effective Date
Authorized By Board Minutes Dated:			Salary Authorized To (Date):

FOR CURRENT STATUS ONLY				
FROM	Title	Position Number	Auth. Paid Hrs. Per Week	Salary Per Annum
S				
A				
L				
A				
R				
Y				
S				
O				
U				
R				
C				
E				
	TOTALS			

FOR NEW STATUS OR APPOINTMENT				
TO	Title	Position Number	Auth. Paid Hrs. Per Week	Salary Per Annum
S				
A				
L				
A				
R				
Y				
S				
O				
U				
R				
C				
E				
	TOTALS			

FOR PERSONNEL USE ONLY		
OTHER TITLES	HOURS	POSITION NUMBERS

FOR NEW APPOINTMENT ONLY		
EVER ON MSMC PAYROLL BEFORE		IF YES, GIVE PREVIOUS TITLE
US CITIZEN	ALIEN STATUS Perm Resident Other:	EXCHANGE VISITOR Prgm Title Prgm No.

REMARKS / SPECIAL INSTRUCTIONS (e.g. ENTITLEMENTS, REASON FOR TERMINATION, TYPE OF LOA, etc.)

APPROVALS - SIGNATURES (WHERE APPLICABLE) TO BE OBTAINED IN THE ORDER SHOWN BELOW			
Principal Investigator	Date	Office of the Dean/Associate Director	Date
1. Chairman/Chief of Staff	Date	4. Dean/Director	Date
2. Fund Accountant	Date	5. Personnel Department	Date
3.		6.	

Mount Sinai Medical Center
Personnel Action

Effective Date 07/01/2015	Status PENDING FINANCE APPROVAL	Name	Life No.	Tracking Number	Date of Request 12/03/2015
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Indicate Action To Be Taken:

<input type="checkbox"/> Transfer	<input checked="" type="checkbox"/> Change Salary Source	<input type="checkbox"/> Bonus
<input type="checkbox"/> Change Job	<input type="checkbox"/> Change Hours	<input type="checkbox"/> Terminate
<input type="checkbox"/> Change Salary	<input type="checkbox"/> LOA	<input type="checkbox"/> Move to New Position

Change	Position	Department	Job Class	Hours	Fund Source(s)	Salary
F R O M	(History)					
T O						

Remarks or Special Instructions

Approvals

Pending Signatures

Comment(s)

Add

Attach File

Showing 1 to 1 of 1
Pages: 1

Showing 1 to 1 of 1 | Pages: 1

Note: The following fund numbers are both current and new funding sources (02586021,02856950)

Note: This transaction is retroactive to more than 90 days. Please verify the employee's effort and salary sources for the period and attach a cost transfer form before proceeding.

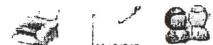




Exhibit C

Mount Sinai

THE MOUNT SINAI MEDICAL CENTER HUMAN RESOURCES ACTION FORM

Effective Date Last Name First Name Life Number Date Hired Date Typed 12/4/2015

- INDICATE ACTION TO BE TAKEN: TRANSFER, RECLASSIFICATION, CHANGE IN HOURS, LOA, RETURN OF LOA, REGULAR MERIT INCREASE, SPECIAL MERIT INCREASE, PROMOTIONAL INCREASE, BARGAINING UNIT INCREASE, TERMINATION, OTHER CHANGE IN STATUS - EXPLAIN:

LAST DAY WORKED: SEVERANCE BEGINS: ENDS: LEAVE OF ABSENCE FROM: TO: DAYS VACATION/PTO DUE: DAYS IN LIEU OF NOTICE:

Table with columns: CHANGE, HOURS, SHIFT, FUND SOURCE #, PCT, GRADE, SALARY. Includes FROM: and WEEKLY/BI-WEEKLY options.

DEPARTMENT NUMBER: DEPARTMENT NAME:

JOB CLASS NUMBER: JOB TITLE:

Table with columns: CHANGE, HOURS, SHIFT, FUND SOURCE #, PCT, GRADE, SALARY. Includes TO: and WEEKLY/BI-WEEKLY options.

DEPARTMENT NUMBER: DEPARTMENT NAME:

JOB CLASS NUMBER: JOB TITLE:

TERMINATION RECORD

REASON FOR TERMINATION

- RESIGNATION, DISCHARGE, TEMP. EMPLOYMENT, OTHER

Table with columns: EXCEL, GOOD, FAIR, POOR. Rows: RATING, EFFICIENCY, ATTITUDE, ATTENDANCE.

REHIRE DO NOT REHIRE

APPROVALS

DEPT. HEAD/SPVR/PRINC. INVESTIGATOR: ASST. DIRECTOR/FUND ACCT: INTENATIONAL PERSONNEL: HUMAN RESOURCES: LABOR RELATIONS: TIN # DATE:

THE MOUNT SINAI MEDICAL CENTER HUMAN RESOURCES REQUISITION – P112

<p>JOB CLASSIFICATION _____ GRADE _____</p> <p>INSTITUTIONAL JOB TITLE _____</p> <p>DEPARTMENT NAME _____ DEPARTMENT NUMBER _____</p> <p>HIRING MANAGER _____ PHONE/BEEPER _____</p> <p>DEPT. HEAD/ADMINISTRATOR _____ VICE PRESIDENT/CHAIRMAN _____</p> <p><i>Please attach Job Description with this form.</i></p>	<p><input type="checkbox"/> NEWLY AUTHORIZED</p> <p><input type="checkbox"/> RECLASSIFICATION</p> <p><input type="checkbox"/> REPLACEMENT FOR: EMPLOYEE FULL NAME & LIFE NUMBER _____</p> <p>REASON: <input type="checkbox"/> TERMINATION <input type="checkbox"/> TRANSFER</p> <p>LAST DAY WORKED: _____</p>										
<p>EXPECTED DATE TO START: _____ HOURS PER WEEK: _____</p> <p>EMPLOYMENT STATUS: _____</p> <p>DAYS OF WORK: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun</p> <p>SHIFT HOURS: _____</p> <p><i>(If "Other" in "Shift Hours" please specify here: _____)</i></p>	<p>Temporaries covering 1199 bargaining unit positions can be used only by strict adherence to collective bargaining unit agreement. All terms and conditions of the Local 1199 contract must cover a temporary on the sixty-first day of the assignment.</p>										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">FUNDING SOURCES:</th> <th style="text-align: left; border-bottom: 1px solid black;">PERCENTAGES (Must Total 100%)</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;"><u>0.00%</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;"><u>0.00%</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;"><u>0.00%</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;"><u>0.00%</u></td> </tr> </tbody> </table>	FUNDING SOURCES:	PERCENTAGES (Must Total 100%)	_____	<u>0.00%</u>	_____	<u>0.00%</u>	_____	<u>0.00%</u>	_____	<u>0.00%</u>	<p>REASON:</p> <p><input type="checkbox"/> INCREASE VOLUME <input type="checkbox"/> VACATION</p> <p><input type="checkbox"/> LOA <input type="checkbox"/> VACANCY</p> <p>TYPE OF TEMPORARY HELP:</p> <p><input type="checkbox"/> INHOUSE TEMP <input type="checkbox"/> TEMP AGENCY</p> <p><input type="checkbox"/> TEMPORARY REGULAR POSITION</p> <p>APPROVED FROM: _____ TO: _____</p>
FUNDING SOURCES:	PERCENTAGES (Must Total 100%)										
_____	<u>0.00%</u>										
_____	<u>0.00%</u>										
_____	<u>0.00%</u>										
_____	<u>0.00%</u>										
<p>NOTE: GRANT AND FPA FUNDS MUST BE APPROVED BY FUND ACCOUNTING</p> <p>FUND ACCOUNTING: _____ <i>(Signature / TIN)</i></p> <p>TIN: _____ DATE: _____</p>											
<p><u>ADMINISTRATION APPROVAL</u></p>											
<p>DEPARTMENT HEAD: _____</p> <p>VICE PRESIDENT: _____</p> <p>EXEC. VP/DEAN'S OFFICE: _____</p>	<p>TIN: _____ DATE: _____</p> <p>TIN: _____ DATE: _____</p> <p>TIN: _____ DATE: _____</p>										