



FACULTY CONTRACT AMENDMENT

(Full-time faculty only)

DATE: _____		REQUESTED PAYMENT DATE: _____	
<input type="checkbox"/> FACULTY			
UWG FACULTY NAME: _____			
SOCIAL SECURITY NUMBER: _____			
ADP NUMBER: _____		Earnings Code: REG	
AMOUNT: \$ _____	_____		
ADP Payroll Distribution Code			
ACCOUNT/ CHART STRING:	Acct	Fund	Dept
	Program	Class	
DESCRIPTION OF ACCOUNT: _____ (Include Project/Grant # if Applicable)			
ACTION INITIATED BY: _____		PHONE #: _____	
<u>DATE(S) AND DESCRIPTION OF TYPE OF SERVICE(S) RENDERED</u>			

Have you been given release time to perform this work? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please explain)			

APPROVED BY:	_____		Date
	Official Authorized Approver (See Controller Website)		
APPROVED BY:	_____		Date
	Academic/Administrative Office		
APPROVED BY:	_____		Date
	Vice President		
APPROVED BY:	_____		Date
	President		
APPROVED BY:	_____		Date
	Human Resources		
APPROVED BY:	_____		Date
	Budget Services		