



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