



TEMPORARY ADMINISTRATIVE CONTRACT AMENDMENT
(Full Time Administrative Only)

DATE: _____ REQUESTED PAYMENT DATE: _____	
<input type="checkbox"/> ADMINISTRATIVE	
UWG EMPLOYEE NAME: _____	
SOCIAL SECURITY NUMBER: _____	
ADP NUMBER: _____	Earnings Code: _____
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>	
_____ _____ _____	
APPROVED BY: _____	Official Authorized Approver (See Controller Website) Date
APPROVED BY: _____	Academic/Administrative Office Date
APPROVED BY: _____	Vice President (If greater than 10% of base) Date
APPROVED BY: _____	President (If greater than 10% of base) Date
APPROVED BY: _____	Human Resources
APPROVED BY: _____	Budget Services Date