HR Forms
Lunch & Learn
Adrienne Jeffries & Karl Pfister
Some things to remember when you are completing the Position Authorization Form:

- For **Request Type**, select all that apply
  - For example: If you are creating a new position and will recruit once it is created, select both “create a new position” and “recruit for a vacancy”
  - For all types of salary increases, select “modify an existing position”
  - Include the current (or most recent) incumbent’s name
- For existing positions: fill in the current position information in the **Current** column. Only list changes in the **Proposed** column. If no change, then leave the **Proposed** column blank.
- For new positions: fill in the **Proposed** column ONLY.
- For SHRA positions, enter the classification title in the **Position Title** field, rather than the **working title**
  - For example: Enter “Business Officer” instead of “Department Manager”
- The **Pay Band** should either be the SHRA Career Banding Rates for the related competency level OR the EHRA Non-Faculty pay band for the related level
  - The Pay Band should not be the hiring range on the posting
- **Employee Base Salary** in the **Current** column should be the current (or most recent) employee’s base salary.
- When recruiting for a vacancy, the **Employee Base Salary** in the **Proposed** column needs to be filled in. This can either be the maximum salary the department would offer OR it can be a range.
- Be sure to list the **Source of Funds** in the **Current** column. If you are making changes to the salary (either for an increase or a recruitment), then also list the **Source of Funds** in the **Proposed** column. While we will accept either the chartfield or the type of funds (i.e. State, trust, grant), we prefer chartfield strings, especially in the **Proposed** column.
  - For split-funded salaries, please indicate how much is coming from each source
- The **Comments/Justification** does not need to be long, nor does it need to include the position summary. This section should simply state about what you are requesting.
  - Ex: Incumbent has submitted their resignation. Requesting to recruit for vacancy.
  - Ex: Requesting labor market increase to 97% market rate.
  - Ex: Requesting to reclassify position prior to recruitment.
  - Ex: Requesting to create new SHRA position in Dr. Meredith Gray’s lab.
- The form needs to be signed by the **Department Head** prior to submitting it to your HR Consultant for remaining signatures.
  - Form should be emailed to your HR Consultant, do not upload in Infoporte.
**Faculty Leave Notification**

The University of North Carolina at Chapel Hill

**Dates of Leave Assignment**
For twelve-month employees, actual payroll dates of leave. For nine-month employees, these dates should be July 1-Dec. 31 or Jan. 1-June 30. (These are the same dates used on the ePar.)

**Type of Leave Assignment**

City, State or Country: Where does the faculty member intend to spend most of their time while on leave?

**Purpose**
Brief description: Include one to two sentences on what the faculty member will do while on leave.

**Total Actual Salary (while on leave)**
Amount while on leave. This is the actual salary while employee is on leave.

**Salary From State Funds**
Amount while on leave. Break down the base salary while on leave into the funding sources.

**Salary From Non-State Funds**
Amount while on leave. Break down the base salary while on leave into the funding sources.

**Salary From Non-University Funds**
Amount paid to employee directly (not through UNC Payroll) from outside agency or institution.

**Other Compensation, Allowances or Benefits**
Travel allowances, housing allowances.

**Dates of Most Recent Leave (if any)**
Provide payroll dates from last Faculty Leave Notification, leave type and name (if applicable).

**Employee Signature**
Employee must agree to return after select competitive leaves are taken.
The form is used to request payment of activities for full-time EPA employees that are non-permanent in nature and are outside the normal scope of duties and responsibilities. The requesting department must initiate this form and secure appropriate administrative signatures prior to payment. Submit signed forms to either EPA Non-Faculty Human Resources or Academic Personnel, as applicable, for review and approval. The request, when approved, will be returned to the department and should be attached to the ePAK in PeopleSoft.

### AUThORIZED PERSONNEL

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Tom Thompson</th>
<th>PID: 123456789</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Working Title</td>
<td>Associate Professor</td>
<td></td>
</tr>
<tr>
<td>Base Department Name</td>
<td>Chemistry</td>
<td></td>
</tr>
<tr>
<td>Requesting Department Name</td>
<td>Kenan-Flagler Business School</td>
<td></td>
</tr>
<tr>
<td>Employee's Base Salary</td>
<td>$120,000</td>
<td></td>
</tr>
<tr>
<td>Expected/Estimated End Date</td>
<td>9/29/18</td>
<td></td>
</tr>
<tr>
<td>Total Fiscal Year Annualized Salary</td>
<td>$120,000</td>
<td></td>
</tr>
</tbody>
</table>

### TYPE OF ACTIVITY (Please select below)

- Teaching a course that is exceptional to normal teaching load
- Assignment to a special project
- Additional duties not expected or associated with the position
- Other (please explain):

### PURPOSE OF ACTIVITY

Describe the duties and responsibilities that justify payment:

Professor Thompson will help facilitate a team challenge workshop for the Veteran Affairs Senior Executive Strategic Leaders course for Kenan-Flagler Business School's Executive Development program.

Explain how/why these duties are outside the scope of the employee's regularly assigned job duties:

This work for the Kenan-Flagler Business School is outside his regular teaching responsibilities in the Chemistry Department.

### CERTIFICATIONS

- **Requesting Department Head**
  - Signature: [Signature]
  - Date: [Date]
- **Print Name**: Douglas A. Shackelford
  - Title: Dean, Kenan-Flagler Business School
  - Date: [Date]
- **Print Name**: Lachryne Williams
  - Title: Associate Dean, Human Resources
  - Date: [Date]
- **Print Name**: Jeffrey Johnson
  - Title: Dept. Chair, Chemistry
  - Date: [Date]
- **Print Name**: Frank Lewis
  - Title: Academic Personnel
  - Date: [Date]

Please ensure your overload forms include "Return To" information.

---

**Scenarios**

Tom Thompson is an Associate Professor in the Chemistry Department. His annual base salary is $120,000. Tom also serves as an Assistant Department Chair with a $50,000 supplement and as a CURE Course Consultant with a $1,000 supplement. Tom's total annual salary is $127,000.

In Fall 2018, Tom will help facilitate a team challenge workshop for the Veteran Affairs Senior Executive Strategic Leaders course for Kenan-Flagler Business School's Executive Development program. He will receive a $2,350 stipend for this additional work. This is the first overload request submitted for Tom for the upcoming fiscal year.

**Tips**

- When you are preparing overload forms or if you receive an overload request from another department, please verify that the employee's name, PID, primary working title, base and/or requesting department numbers and department names, and base salary amount are correct.
- The overloaded form should be complete and have both the requesting and home department head signatures on it before being submitted to the Dean's Office for further approval.
- Ensure that the requested overload amount falls within the overload limit for that particular employee based on their service period. Also verify that the employee has not already met or exceeded their overload limit with any previous or anticipated overload payments in the same fiscal year.
  - Limit for 9-month employee: 25% of base salary in the current fiscal year
  - Limit for 12-month employee: 20% of base salary in the current fiscal year
1. POSITION DATA:

<table>
<thead>
<tr>
<th>Action Requested (Select Only One):</th>
<th>New Position</th>
<th>Branch/Role Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency Change</td>
<td>Update Position Duties Only</td>
<td></td>
</tr>
</tbody>
</table>

**CURRENT (if applicable)**

**REQUESTED**

Position #: (5 digits): (Leave blank if new position)

Name of Employee in Position:

Branch/Role/Competency:

Working Title:

2. DEPARTMENT DATA:

Name of Position's Supervisor:

School/Division Name:

Supervisor's Title:

Department Name:

Supervisor's Position #: (Department #):  

3. PRIMARY PURPOSE OF ORGANIZATIONAL UNIT:

4. PRIMARY PURPOSE OF THIS POSITION:

5. CHANGE IN RESPONSIBILITIES OR ORGANIZATIONAL RELATIONSHIP:

This section is just as important as Section 6. For new positions, provide information about why this new position is needed. What has changed within the unit? Is this position taking on duties that another position previously handled? If so, explain that here.

For existing positions, provide an explanation of the basis and purpose of any change in responsibilities and/or reporting relationships since the previous position description was prepared. Discuss how this position compares to others in the department in the same branch/role/competency.

6. DESCRIPTION OF WORK:

1. Describe the duties and responsibilities of this position.
2. Place an asterisk (*) next to each essential duty these job duties without which the position could not exist.
3. In the left-hand column, indicate the percent of time the employee spends in each element.
4. The percentage amounts should add up to 100%. Each function should be in increments of 5%. No more than 5% may be "other duties as assigned." Percentages should be no larger than 30%.

<table>
<thead>
<tr>
<th>#</th>
<th>%</th>
<th>Duties and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. COMPETENCIES REQUIRED FOR THE POSITION:

Knowledge, skills, and abilities required for this position. For detailed descriptions of the competency standards, please see: http://oshr.nc.gov/state-employee-resources/classification-compensation/comp-profiles

This should be specific to the classification and competency level you are requesting. It is OK to copy and paste the information directly from the State Competency Profile.

8. MINIMUM RECRUITMENT STANDARD:

Cut and paste the current minimums for the career banding title from this link: http://oshr.nc.gov/state-employee-resources/classification-compensation/comp-profiles

As the form states, cut and paste the education requirements per the related State Competency Profile. This cannot be anything other than the State minimum.

9. ESSENTIAL POSTING REQUIREMENTS AND ANY SPECIAL PHYSICAL AND MENTAL REQUIREMENTS:

Essential posting requirements must be relevant to the duties and competencies described above.

You cannot require a different type of educational requirement other than the State minimum, but you can prefer it in Section 10.

10. PREFERRED POSTING REQUIREMENTS:
This information should be what the person's name really is or what it is being changed to.

If someone else is completing the form on behalf of the individual, then it must be notarized.

Pay attention to where the form should go. If they are a student AND an employee, the form should be sent to the Registrar.
Unofficial Name Changes

If the name change is not a “legal name change” then you can change your preferred name in ConnectCarolina.

1. In ConnectCarolina on the Self Service Home page, click the Personal Information tile.

2. To add a preferred name, click “Add a new name.” To edit your preferred name, click the pencil icon.
Organizational Charts

- Must show:
  - Reporting up to the Chancellor
  - Position numbers for all positions
  - Classification (EHRA-NF, Faculty, SHRA, Postdoc, etc.)
  - If SHRA, include the branch/role and competency level (Contributing, Journey, Advanced)
  - Name of employee in position

- Must be in black and white; no color
- Should include active, vacant positions
- Must be dated
Employee/Independent Contractor Determination Checklist
Section 1: Employee Relationship

Business Manager may need to provide additional documentation if:

• Section 1C is answered “yes” – a memo will need to be attached to document how the duties performed by the IC are significantly different than the duties performed while an employee. If duties are not significantly different, an HR representative should be contacted to discuss the possibility of dual employment.

• Section 1E is answered “yes” – a memo will need to be attached explaining the relationship and documenting that the employee will not have any direct or supervisory responsibility over the IC services performed.
Section 3: Services Provided

- Top portion should be filled out completely including name and address.
- For description of service, a detailed description of the service to be performed should be provided.
  - Business manager should note whether the IC will have access to sensitive populations or data and if the IC will be one campus for less than 10 business days. If both these conditions are met, the background check can be waived. If these conditions are not met, a background check may be required.
- Service fee amount and estimated expenses (if applicable) should be legibly noted.

Section 2: Details of Service

- Only section A, B or C should be completed.
- Do not complete multiple sections.
- For Part C: Individuals who are not Instructors/Lecturers - If question 8 is answered “no”, the percentage of time spent on campus is required to be completed even if the amount of time is zero.
Section 4: Twenty Factor Test for Determining IC/Employee Status

Please double check to make sure all boxes are checked.

Section 5 and 6: Certification

Form is required to be signed and dated by both the IC and the department representative.

Supporting Documentation

A copy of the IC’s W9 should be included with the Employee/Independent Contractor Determination checklist. The most recent IRS version of Form W9 should be used. This version is dated October 2018.
Vendor Forms
Outside Party-Individual Certification Form

This form should be used for vendors who are classified as an individual/sole proprietor or single-member LLC on their W9.

- Outside Party Individuals are typically individuals who are being reimbursed for expenses including travel expenses.
- Individuals receiving stipends or awards may also have this vendor classification.
- Individuals who are providing a service (speaking engagement, consulting, etc) and will be paid a fee for those services should be classified as an Independent Contractor and will not require this form.
- All boxes applying to the individual should be checked. Multiple compensation types can be selected.
- If the “Other” compensation type is selected, please describe what the payment is for.
- Bottom section should be filled out completely.
- Department signature is mandatory.
Direct Deposit Authorization Form for Vendors (ACH Form)

Accounting Services is now requiring this form for all new vendors. If a vendor does not have a bank account or does not want to provide banking information, an exception can be made on rare occasions.

• Form should be completed by the vendor in printed, legible writing including an email address.
• All lines should be fully completed, and form should be signed and dated.
• A voided check should be attached to this form. If the vendor does not have a voided check, a letter from the bank with all pertinent banking information will suffice.
Vendor Master File Record (HUB Form)

Form is required for Outside Party vendors only. This form is not required for Employees, Students, Affiliates, Outside Party Individuals, and Independent Contractors.

- All sections of form should be completed in printed, legible writing.
- Form should be signed and dated along with printed name.
- HUB form, along with W9 and Direct Deposit Authorization Form, should be submitted with all Outside Party vendor requests.