



FACULTY CONTRACT AMENDMENT

(Full-time faculty only)

DATE: _____		REQUESTED PAYMENT DATE: _____			
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: _____		Official Authorized Approver (See Controller Website)		Date	
APPROVED BY: _____		Academic/Administrative Office		Date	
APPROVED BY: _____		Office of Research and Sponsored Projects		Date	
APPROVED BY: _____		Vice President		Date	
APPROVED BY: _____		President		Date	
APPROVED BY: _____		Human Resources		Date	
APPROVED BY: _____		Budget Services		Date	