



# INTERNAL PAYROLL EMPLOYMENT FORM

FORM IP-1

NO EMPLOYMENT COMMITMENTS ARE TO BE EXTENDED PRIOR TO AUTHORIZATION  
BY THE OFFICE OF HUMAN RESOURCE ADMINISTRATION

1. Employee URI ID #  1a. Empl Rcd  2. Begin Date  3. End Date

4. ☐ Hire ☐ Re-Hire  5. State ☐ Current ☐ Current ☐ NA  
Payroll URI Staff URI Faculty  
Status:

## PERSONAL DATA

6. First Name  7. Middle Initial  8. Last Name

9. Residence Street  10. City  11. State  12. Zip

13. Mailing (if different)  14. City  15. State  16. Zip

17. Gender ☐ M ☐ F 18. DOB (mmddyyyy)  19. Social Security Number  20. US Citizen

21. Primary Ethnic Group

## JOB DATA

22. Description of Work Performed

23. Department Name  24. e-Campus Dept. Number

25. Location (building)  26. Supervisor

27. Job Code  28. Hours/week (for hourly employees only)

29. Compensation Rate: (complete one) hourly: \$/hour  Contract: total amount \$

## SALARY DISTRIBUTION DATA

☐ Use Default Account

	Begin Date	End Date	Fund	Department	Program	Project	Percent
30.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

34. FORMS ATTACHED Percent total (must Equal 100)

☐ I-9 Employment Form ☐ CS387C Drug Free Form ☐ Bar of Claims Form (CS-386)  
☐ Additional Compensation Form (for staff on state payroll) ☐ A-64 Form (Request for Special Employ) ☐ All forms on file

Employee Signature (REQUIRED): \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director/Dept Head/PI \_\_\_\_\_ Date \_\_\_\_\_

URI Foundation (if Applicable) \_\_\_\_\_ Date \_\_\_\_\_

Budget & Financial Planning (Fund 100 Only) \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_

To be filled in by HRA: FLSA status \_\_\_\_\_ Peoplesoft: HR \_\_\_\_\_ PY \_\_\_\_\_ 07/12