

INTERCAMPUS ONE-TIME PAYMENT FORM

Home Campus: _____ Home Department: _____ Home Division/School: _____

Host Campus: UC San Diego Host Department: _____ Host Division/School: _____

Home Campus Information	Employee Name _____ Employee ID No. _____
	Home Campus Position Title _____ Title Code _____ Step/Grade _____
	Salary _____ / _____ <input type="checkbox"/> 09/09 <input type="checkbox"/> 09/12 <input type="checkbox"/> 11/12 Appointment % _____ annual monthly
San Diego Campus Information	SD Campus Temporary Position Title _____ Title Code _____ Step/Grade _____
	Event/Service Dates _____ to _____ One-Time Pymnt _____ Hrs to be Paid _____ Pay Rate _____
	Description of Service (DOS) Code (ex: BYA, by-agreement: HON, honorarium; etc)
	San Diego Fund Source to be charged (Index, Fund & Location-Account-Fund-Sub Translation) (name of fund source)
Event Information	Please explain details of event/service and compensation:

_____ San Diego Campus Fund Source Approval/Date

_____ San Diego Academic Personnel Approval/Date

_____ Home Campus Approval/Date

Employee ID	TR	Pay Period Ending	Pay Cycle Type	Acct Dist Type	ERC	TYP	DUC	Title Code	Loc/account/cost center/fund/project/sub					Rate Amount
	AP													

Regular Time				Overtime or Leave Time				
AH	Desc Serv	Total Reg Time on Pay Status	H%	Desc Serv	Time in Hours	Desc Serv	Time in Hours	WSP