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 _____ / _____ ☐ 09/09 ☐ 09/12 ☐ 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

Nov-99

cc: Employee's Home Department