

## RELATIONSHIP OF E-CLASSES, POSITION NUMBERS, AND ACCOUNT CODE

**E-CLASS** - E-class similar to the old HR job code. An e-class assists in determining several important requirements when hiring an individual.

1. E-class determines whether or not the employee will receive benefits.
2. E-class determines how long an employee will be appointed i.e. temporary or regular status.
3. E-class determines how an employee will be paid Biweekly or Monthly.

**The E-classes that are associated with the Banner system are as follows:**

### Job Code to Banner E-Class (ECLS) Summary

| Job Code | Type of Employee                                 | Description   | Banner E-Class |
|----------|--|---|----------------|
| A        | 9-Month Faculty                                  | Any employee holding faculty rank and working a 9-Month academic year calendar  | F9             |
| B        | Post-Doctoral                                    | Employee working a 12-Month contract NOT HOLDING rank or TENURE primarily involved in Research  | FD             |
| B        | 12-Month Faculty                                 | Employee holding faculty rank working 12-Months, with the rank indicated in their title   | FA             |
| C        | 10-Month Campus School                           | Employee appointed in Campus School whose primary responsibility is classroom instruction or supervision  | F9             |
| C        | 9-Month Suzuki                                   | Employee appointed in the Suzuki School of Music whose primary responsibility is classroom instruction or supervision   | F9             |
| D        | 12-Month Lipman School                           | Employee appointed in Lipman School whose primary responsibility is classroom instruction or supervision  | FA             |
| F        | 12-Month Administrative or Academic Professional | Regular full-time Fiscal Year employee, employed on a continuing basis for more than 6 months   | AD             |
| J        | Coaches on Special Contract                      | 12-Month employee hired through the legal department  | CH             |
| J        | Coaches - Other                                  | 12-Month employee   | AD             |
| K        | Hourly Clerical Support Staff                    | Regular full-time Fiscal Year employee, employed on a continuing basis for more than 6 months   | CL             |
| M        | 40-Hour Work Week - Hourly                       | Police Officers   | S8             |
| NEW      | Non-Paid Adjunct Faculty                         | Professional staff members of businesses, industries and other agencies and organizations who are appointed by institutions and schools on a part-time basis to carry out instructional, research or public service functions | AF             |
| NEW      | 10-Month Administrative                          | Employee working on a 10-Month contract in the Headstart Program  | AM             |
| N        | Post-Retirement                                  | Post-Retirement   | PR             |
| N        | Monthly  | Temporary employee paid a flat monthly rate employed less than 6 months also used for 1 semester Full Time Instructors  | TS             |
| P        | Hourly   | Temporary employee paid a hourly rate employed less than 6 Months   | TH             |
| R        | Part-Time Instructors                            | Part Time Faculty   | PF             |
| S        | Graduate Assistants                              | Graduate Assistants   | GA             |
| S        | Graduate Assistants - Work Study                 | Graduate Assistants on Work Study   | GW             |
| S        | Student - Monthly                                | Undergraduate Student paid monthly with Student Flag marked   | SM             |
| T        | Student - Hourly                                 | Undergraduate Student paid hourly   | ST             |
| T        | Student - Hourly Work Study                      | Undergraduate Student paid hourly on Work Study   | SW             |

**The above list shows the old job codes and the new Banner e-class that should be used on appointment forms. Determining the correct e-class to use on appointment forms is the first part of the process. Next you want to secure a position number.**



## Banner Salary Account Codes

### BANNER SALARY ACCOUNT CODES

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|  |       |                           |
|--|-------|---------------------------|
| Administrative – Executives                          | 61110 |                           |
| Academic – Faculty                                   | 61210 |                           |
| Supporting / Clerical                                | 61310 |                           |
| Monthly Support                                      | 61312 | (Admin Assoc I and LSP I) |
| Professional Support                                 | 61610 |                           |
|  |       |                           |
| Supplemental Pay – Administrative                    | 61150 |                           |
| Supplemental Pay – Academic Faculty                  | 61250 |                           |
| Supplemental Pay – Professional Support              | 61650 |                           |
|  |       |                           |
| Temporary Instructors - Non Credit                   | 61252 |                           |
| Temporary Instructors - Credit                       | 61253 |                           |
| Summer Compensation – Faculty Non Instruction        | 61254 |                           |
| Summer Compensation – Non-Academic                   | 61155 |                           |
| Summer Compensation – Acad Other Compensation        | 61255 |                           |
| Summer Compensation – Acad/Instruction               | 61256 |                           |
| Summer Other Compensation                            | 61655 |                           |
|  |       |                           |
| Graduate Assistants – Academic                       | 61257 |                           |
| Graduate Assistants – Administrative                 | 61657 |                           |
|  |       |                           |
| Grant Recovery – Administrative                      | 61165 |                           |
| Grant Recovery – Academic                            | 61265 |                           |
| Grant Recovery – Supporting / Clerical               | 61365 |                           |
| Grant Recovery – Professional Support                | 61665 |                           |
|  |       |                           |
| Undistributed Salary Funds – Administrative          | 61166 |                           |
| Undistributed Salary Funds – Academic                | 61266 |                           |
| Undistributed Salary Funds – Supporting / Clerical   | 61366 |                           |
| Undistributed Salary Funds – Professional Support    | 61666 |                           |
|  |       |                           |
| Acad Temporary - Post Retirement / One Semester Appt | 61275 |                           |
| Temporary Employees – Supporting / Clerical          | 61375 |                           |
| Temporary Employees – Professional Support           | 61675 |                           |
|  |       |                           |
| Student Assistants                                   | 61410 |                           |

The above chart assists in identifying the types of charges made against the department's account. There are many more account codes in Banner, but these are most frequently used on appointment papers.

#### Appointment Forms

Regular Appointment Form – Used to hire an individual in an advertised position. Usually this individual will also receive be eligible for some type of benefits. This form below is used for both regular appointments (advertised) and temporary appointments. Things to remember when completing the appointment form. **\*\*See the form on the next page.**

# The University of Memphis

- Regular Re-Appointment
- Regular New Hire
- Interim Appointment

## APPOINTMENT FORM (non-faculty)

Please Print or Type

Temporary Re-Appointment

Temporary New Hire

Name \_\_\_\_\_ SSN \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip County

Department \_\_\_\_\_ Title \_\_\_\_\_ Timesheet ORG Over-ride \_\_\_\_\_

Work Location - Building \_\_\_\_\_ Room \_\_\_\_\_ Work Phone \_\_\_\_\_

SALARY BASE: Fiscal Year: \_\_\_\_\_ MODIFY: \_\_\_\_\_ Other: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Total / Annual Salary \$ \_\_\_\_\_ Index # \_\_\_\_\_ If Part Time, Average Hours Per -Week \_\_\_\_\_ Percent of Full Time \_\_\_\_\_

| Begin<br>(M-D-Y) | End<br>(M-D-Y) | Pay Rate<br>(Mo or Hr) | E-Class | Organization Code | Position Number | Account Code |
|------------------|----------------|------------------------|---------|-------------------|-----------------|--------------|
|                  |                |                        |         |                   |                 |              |
|                  |                |                        |         |                   |                 |              |

*If Grant/Limited Appointment, indicate extended end date \_\_\_\_\_*

The Person named above is recommended for employment under the terms indicated. Necessary funds are available.

Appropriate University Official Signature Below

\_\_\_\_\_  
Chairperson/Department Head Date Dean/Director Date Provost/Vice President Date

\_\_\_\_\_  
Appointee's Signature Date President Date

### Temporary Appointment Contract (Sign for Temporary Appointments/Re-appointments only)

As a temporary employee I understand,

- I am not eligible for employment benefits (retirement credit, state insurance plan, annual or sick leave, holiday pay, or longevity credit).
- Employment offers and continued employment are contingent upon receiving a satisfactory background report.
- This appointment does not include any assurance, obligation or guarantee of subsequent employment.
- By acceptance of this agreement, I agree to abide by the terms of the Drug-Free Workplace Act of 1988 as defined in published institution statements and policy. I also agree to notify the Department of Human Resources of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- This agreement is made subject to the laws of the State of Tennessee, the requirements and policies of the Tennessee Board of Regents and the requirements and policies of this institution. This agreement may be terminated without prior notice.
- My employment with The University of Memphis is contingent upon completion of the Employment Eligibility Verification Form (Form I-9) by the first day of employment as required by law to certify work eligibility. Failure to do so will result in termination of my employment.
- Method of payment at The University of Memphis is through direct deposit to a checking or savings account at a bank or credit union. I agree to provide necessary account number/s for deposit of my salary/wages.
- This contract is not binding until approved by the Department of Human Resources and executed by me, (the appointee) and The University of Memphis.

Temporary Appointee's Signature \_\_\_\_\_ Date \_\_\_\_\_

The person named above is recommended for employment under the terms indicated. Necessary funds are available.

#### For Administrative Use Only

Title Code \_\_\_\_\_ Pay Grade \_\_\_\_\_ Date in Class \_\_\_\_\_ Employment \_\_\_\_\_ Promotion \_\_\_\_\_ Transfer \_\_\_\_\_

Voluntary Demotion \_\_\_\_\_ Involuntary Demotion \_\_\_\_\_ Yrs Related Exp \_\_\_\_\_ Yrs Other Higher Ed Exp \_\_\_\_\_

Remarks \_\_\_\_\_ Date \_\_\_\_\_

Records:  
**I – 9 Status** \_\_\_\_\_ **Assignment No** \_\_\_\_\_ **FICA Code** \_\_\_\_\_ **Approved for Processing by Records Assistant** \_\_\_\_\_ **Date** \_\_\_\_\_

Benefits: \_\_\_\_\_ **Date** \_\_\_\_\_ **Retirement Code** \_\_\_\_\_

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#### Payroll Use Only

NOTE: All spaces should be completed. Remember your Organization Code, Position number, and Account Code all tie into each other. Verify, verify, verify that all numbers are correct.

**Extra Compensation Form**

This form is used to pay for extra duties done outside of regular responsibilities required for current job.

**The University of Memphis**

Extra Compensation Authorization & Payment Request

1. \_\_\_\_\_ Employee Name (Last, First, M.I.)

2. \_\_\_\_\_ Banner ID

3. \_\_\_\_\_ Employee's Home Department      \_\_\_\_\_ Timesheet Org      \_\_\_\_\_ E-Class

4. \_\_\_\_\_ \*Rank/Title

|                      |         |
|----------------------|---------|
| *Position No.        | *Suffix |
| For Payroll Use Only |         |

5. Describe Services to be Performed. (Be specific; attach additional sheet if necessary)

6. Describe formula to determine total pay: \_\_\_\_\_

**7. Earnings Code/Account Code**

| 9-Month (Academic Year) Faculty (Check One) |     |                         |                       |           |       | 12-Month (Fiscal Year) Faculty/Staff (Check One) |     |           |                        |                              |             |
|---|-----|-------------------------|-----------------------|-----------|-------|--|-----|-----------|------------------------|------------------------------|-------------|
| Academic Year Extra Compensation            |     |                         |                       |           |       | Summer Compensation                              |     |           |                        |                              |             |
| Earnings / Account Code                     |     | Earnings / Account Code |                       | Code Code |       | Earnings / Account Code                          |     | Code Code |                        | Earnings / Account Code Code |             |
| Non-Credit Instruction                      | 133 | 61252                   | Consulting Services   | 137       | 61250 | Non-Credit Instruction                           | 133 | 61252     | Non-Credit Instruction | 133                          | 61252       |
| Sponsored Research                          | 135 | 61250                   | Public Service        | 138       | 61250 | Sponsored Research                               | 135 | 61254     | Other Services         | 136                          | 61250/61650 |
| Other Services                              | 136 | 61250                   | Dual Service Contract | 139       | 61250 | Other Services                                   | 136 | 61254     | Consulting Services    | 137                          | 61250/61650 |
|   |     |                         | Career Ladder         | 075       | 61250 | Public Service                                   | 138 | 61254     | Dual Services Contract | 139                          | 61250       |
|   |     |                         |                       |           |       | Administrative Chair/Director                    | 221 | 61255     | Public Service         | 138                          | 61250/1650  |

**8. Before services are performed, CERTIFICATION OF COMPLIANCE WITH UNIVERSITY PROCEDURES:**

**EMPLOYEE and HOME DEPARTMENT:** We certify that the services to be performed are in addition to the normal duties and responsibilities of the regular job and will be performed outside of the regular work schedule. If not outside the regular work schedule, approved annual leave for this time has been scheduled and will be taken. We have read and will comply with [University Policy](#) for Extra Compensation. We also understand that excess payments for extra compensation may be returned to the University through payroll deduction.

a) \_\_\_\_\_ b) \_\_\_\_\_

Employee Signature      Date      Signature of Employee's Home Department Head      Date

**9. Before services are performed, EMPLOYING DEPARTMENT (where services will be charged) completes the following:**

| a) Index/Fund/Organization/Account Code/Program | Pay Amount | Dates Work Performed | Payment Date* |
|---|------------|----------------------|---------------|
| 1. _____  | \$ _____   | _____                | _____         |
| 2. _____  | \$ _____   | _____                | _____         |
| 3. _____  | \$ _____   | _____                | _____         |

b) Contact Person for FOAP Information: \_\_\_\_\_

**Name Phone # Email** \_\_\_\_\_

c) I certify that as the EMPLOYING OFFICIAL I have ensured that the arrangements for this service and requested payments are in compliance with University Policies and Procedures and that Department or College funds are available for this payment. I understand that I am responsible for notifying the Payroll Office if the above work is NOT complete as described.

Signature of Employing Chair/Department Head      Date      Signature of Employing Dean      Date

**10. After services are performed the signatures below are required.**

a) I certify that the above work has been completed: Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**As the EMPLOYING Officials, we certify that the services were provided as described above and that funds are available for payment.**

b) Approved by: \_\_\_\_\_      b) Approved by: \_\_\_\_\_

Approval of Employing Chair/Activity Head      Approval of Employing Dean/Director

**Forward the original completed and signed form to Payroll. Retain an additional copy for your records.**

\*PAYMENT WILL BE PROCESSED ON THE NEXT REGULAR PAYROLL AFTER WORK IS COMPLETED PROVIDED THIS PROPERLY COMPLETED FORM IS RECEIVED IN PAYROLL NO LATER THAN THE FIFTH DAY OF THE MONTH TO BE PAID.

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The extra compensation form, like the appointment form should have all available spaces completed. Most importantly it should have appropriate signatures. The appropriate earnings codes have been given on the form.

**REGULAR STUDENT EMPLOYMENT PROGRAM Office Use Only**

**PAYROLL ACTION FORM Banner ID: U \_\_\_\_\_**

**I. TO BE COMPLETED BY STUDENT (PLEASE PRINT CLEARLY and USE BLACK OR BLUE INK)**

Legal Last Name Full First Name Middle/Maiden Federal SSN (Temporary 900 not acceptable)

( ) White ( ) Black ( ) Hispanic ( ) Asian

Married ( ) Single ( ) Male ( ) Female ( ) Mo. Day Yr. ( ) Native American ( ) Alaskan Native

Marital Status Sex Code Date of Birth Ethnic Code

Local Mailing Address (Dorm Name and Room # not acceptable) City State Zip County telephone #

**U.S. Citizen?** Yes ( ) No ( ) **F-1 Visa?** Yes ( ) No ( ) **J-1 Visa?** Yes ( ) No ( ) **Permanent Resident?** Yes ( ) No ( )

**Are you related to anyone at the University?** Yes ( ) No ( ) **If yes, relative's name** \_\_\_\_\_

**What department does the relative work for?** \_\_\_\_\_

**Pursuant to federal regulations, students receiving employment authorization on a valid F-1 Visa or J-1 Visa are restricted to 20 hours per week,**

**which includes hours worked from all pay sources.**

**I understand:** (a) I must enroll for and maintain half-time enrollment (Undergraduate/Graduate/Law) and full-time enrollment (International students)

during the academic year to begin/retain work; (b) enrollment for a minimum of 6 hours will make my gross wages not subject to FICA deductions; (c) Section II and Form I-9 must be completed by my employer and returned to the Student Employment Office for approval **prior** to my beginning work; (d) I will be terminated from the Regular Student Employment Program if I drop below half-time and/or do not adhere to all the procedures and

conditions of employment; (e) my employment is not completed until I have submitted the Direct Deposit Authorization Form.

**I verify that the information provided above matches the information used in the Student Information System (SIS).** ( ) Yes ( ) No

Student Employee Signature Date

**II. TO BE COMPLETED BY DEPARTMENT (PLEASE PRINT AND USE BLUE OR BLACK INK)**

Dept. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dept. Campus Mail Address \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Index** \_\_\_\_\_ **Org. Number** \_\_\_\_\_ **Time Keeping Org. #** \_\_\_\_\_ **Account** \_\_\_\_\_

(Dept. Account #) (if different from main Org. #)

Period of Employment \_\_\_\_\_ to \_\_\_\_\_ Form I-9 attached? Yes ( ) No ( ) If no, reason \_\_\_\_\_

Position Number(s) \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_ (minimum is \$5.15/hour) Attach memo of justification if more than \$12.00 an hour

I certify that funds have been budgeted in this department for **100%** of the student's earnings. **I understand:** (a) enrollment of at least half-time enrollment will not subject the students gross wages and this department/account budget to FICA deductions; (b) employment will be in accordance with

University procedures, as well as Federal and State laws; (c) the student **cannot** work in this department until this Payroll Action Form, Form I-9, and

the Direct Deposit Authorization Form have been completed and returned for approval by the Student Employment Office.

Authorized Signature(s) Date

**III. TO BE COMPLETED BY STUDENT EMPLOYMENT OFFICE Wilder Tower Room 104 678-3708**

Load \_\_\_\_\_ Previously Loaded \_\_\_\_\_ Hours Enrolled \_\_\_\_\_

FICA Code \_\_\_\_\_

DDA \_\_\_\_\_

Approved to Begin Work on \_\_\_\_\_ to \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_

E-Class \_\_\_\_\_ Suffix \_\_\_\_\_ Primary ( ) Secondary ( )

Rev. 10/04/06

Authorized Signature Date

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**FEDERAL WORK-STUDY EMPLOYMENT PROGRAM Office Use Only**

**PAYROLL ACTION FORM Banner ID:** U \_\_\_\_\_

**I. TO BE COMPLETED BY STUDENT (PLEASE PRINT CLEARLY and USE BLACK OR BLUE INK)**

Legal Last Name Full First Name Middle/Maiden Suffix Federal SSN

( ) White ( ) Black ( ) Hispanic ( ) Asian

Married ( ) Single ( ) Male ( ) Female ( ) Mo. Day Yr. ( ) Native American ( ) Alaskan Native

Marital Status Sex Code Date of Birth Ethnic Code

Local Mailing Address (Dorm name and Room # not acceptable) City State Zip County Telephone

**U.S. Citizen?** Yes ( ) No ( ) **F-1 Visa?** Yes ( ) No ( ) **J-1 Visa?** Yes ( ) No ( ) **Permanent Resident?** Yes ( ) No ( )

**Are you related to anyone at the University?** Yes ( ) No ( ) **If yes, relative's name** \_\_\_\_\_

**What department does relative work for?** \_\_\_\_\_

**I understand:** (a) I must enroll for and maintain half-time enrollment during the Fall, Spring, and Summer semesters to begin/retain work; (b) enrollment for a minimum of 6 hours will make my gross wages not subject to FICA deductions; (c) Section III and Form I-9 must be completed by my

employer and returned to the Student Employment Office for approval **prior** to my beginning work; (d) I will be terminated from the FWS Employment

Program if I drop below half-time and/or do not adhere to all the procedures and conditions of employment; (e) my employment is not completed until I

have submitted the Direct Deposit Authorization Form.

**I verify that the information provided above matches the information used in the Student Information System (SIS).** ( ) Yes ( ) No

Student Employee Signature Date \_\_\_\_\_

**II. JOB ASSIGNMENT INFORMATION (To be completed by Student Employment Office)**

Total Dollar Amount Awarded \$ \_\_\_\_\_

Balance Available \$ \_\_\_\_\_

**III. TO BE COMPLETED BY DEPARTMENT (PLEASE PRINT and USE INK)**

Dept. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Dept. Campus Mail Address \_\_\_\_\_

**Index** \_\_\_\_\_ **Org. Number** \_\_\_\_\_ Time Keeping Org. # \_\_\_\_\_ **Account** \_\_\_\_\_

(Dept. Account #) (if different from main Org. #)

Period of Employment \_\_\_\_\_ to \_\_\_\_\_ Form I-9 attached? Yes ( ) No ( ) If no, reason \_\_\_\_\_

Position Number \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ (minimum is \$5.15/hour) Attach memo of justification if more than \$12.00.

I certify that funds have been budgeted in this department for **25%** of the student's earnings. **I understand:** (a) enrollment of at least half-time enrollment will not subject the students gross wages and this department/account budget to FICA deductions; (b) employment will be in accordance with

University procedures, as well as Federal and State laws; (c) the student **cannot** work in this department until this Payroll Action Form, Form I-9, and

the Direct Deposit Authorization Form have been completed and returned for approval by the Student Employment Office.

Authorized Signature(s) Date \_\_\_\_\_

**IV. TO BE COMPLETED BY STUDENT EMPLOYMENT OFFICE Wilder Tower Room 104 678-3708**

Load \_\_\_\_\_ Previously Loaded \_\_\_\_\_ Federal Account No. \_\_\_\_\_ Hours Enrolled \_\_\_\_\_

FICA Code \_\_\_\_\_

DDA \_\_\_\_\_

Approved to Begin Work on \_\_\_\_\_ to \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_

E-Class \_\_\_\_\_ Suffix \_\_\_\_\_ Primary ( ) Secondary ( )

Authorized Signature Date Rev. 10/04/06

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# *Graduate School Contract*

<http://academics.memphis.edu/gradschool>