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Payroll Information Summer Session 2017

_____Date

School or Dept. _____ Dept. Phone: _____ Dept. E-Mail:_____

Dept. Address _____ Department Payroll Contact Person: _____

Please provide the following information for all faculty to be employed through Summer Session.

Full Legal Name	Integrated System Employee ID # * *(required)*	Rank	Home Address	E-Mail	Home Phone

First time UVa employees will need to complete employment forms with the Summer Session Office.

*** The HRMS specialist for your school or department can provide the Integrated System six digit employee ID number.**

Wanda Trainum
Summer Session Faculty Payroll

Phone - 924-6549
Fax - 924-1483

UVA Address - PO Box 400161
E-Mail - wht2e@Virginia.edu