



PAYROLL INSTRUCTIONS

Form must be completed by PI/Budget Authority

Upon completion, please email form as an attachment to azorn@uw.edu

Employee's Name _____

Employee's FTE _____

Please note: Budget percentages below must add up to 100%!

Start Date	End Date	Budget #	Budget Name	%
			TOTAL	

Completed by (PI/Budget Authority) _____

Date Completed _____