

## USC Salary Authorization Form

**\*\*Many cells within this form are locked with formulas that serve to prevent data entry errors. Data entry can only occur in certain cells, which helps the user to complete the form properly.\*\*** All yellow sections are for HRA use only.

### Type **Employee's Name**

Enter **Salary** amount for either **Monthly or Bi-weekly** dependent upon the Employee's status. USC will invoice HRA for salaries at the end of each month. There must be sufficient project funds available to cover each USC invoice, so please be sure to allocate enough funds to cover the time period entered. Any unused funds will be released to the project account when the Salary Authorization Form is closed or cancelled.

**Fringe Benefits** for **Monthly or Bi-weekly** will automatically be calculated for you once you enter the salary amount. If the FB rate changes then HRA will change accordingly on the Form so that the amount is correct. The fringe rate will change effective July 1, 2006 to 31.5%. The new form will reflect this and HRA will manually adjust to 32% through the end of June 2006.

**Total Salary** will automatically be calculated.

**# of Months/Bi-Weekly Periods to cover**-Enter a number to indicate how many months or weeks the Salary Authorization Form should cover.

**For Bi-weekly:** (Bi-weekly = 2 weeks)

Enter 1 for 2 weeks  
Enter 2 for 4 weeks  
Enter 3 for 6 weeks  
Enter 4 for 8 weeks  
And so on.....

**Requisition Total**-the amount will automatically be calculated for you after entering the # of Months/Weeks.

**Time Period**-please enter the dates for which you would like this Salary Authorization to cover the employee.

**Project Number & Amount**- please enter the project account number(s) from which funds should be taken, and the amount that should be taken from that project.

**Authorized Signature, Date, & Phone Number**- please have an Authorized Signer (with a signature card on file with HRA) of the project sign & date the form; they should also be the one to email this form so HRA knows the proper person(s) are completing these forms. Also, please provide a phone number in case there are any processing questions.

**Mailed Copies**- with this new form an email conformation with replace the mailed copy. Once you receive the conformation email from HRA please keep it for your records. The conformation form will be signed, dated and have a PO# to let you know it's been processed.