

# Volunteer State Community College

## Employee Assignment Sheet

*This form must be submitted to your supervisor no later than the 15<sup>th</sup> of the month and in the Payroll Office no later than the 16th.*

**Employee Name** \_\_\_\_\_

**Employee Banner ID#** \_\_\_\_\_

**Employee Department** \_\_\_\_\_

**Employee Mailing Address** \_\_\_\_\_

**Employee Email:** \_\_\_\_\_

**Employee Home Telephone** \_\_\_\_\_

**Are you currently under contract with another state agency?**     Yes     No

**If yes, name of State Agency** \_\_\_\_\_

**Are you currently enrolled in VSCC Credit Courses?**     Yes     No

**If yes, number of hours** \_\_\_\_\_ *Payroll Office Use:* **Fica Code** \_\_\_\_\_

SUPERVISOR/DEPARTMENT HEAD/Payroll OFFICE						
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Banner Account Number	Object Code	Banner Position Number	Banner ORGN Number	Hours	Pay Rate	Total Pay
<b>Total Pay</b>						

*I certify that the above information and hours worked are true and correct to the best of my knowledge and that funds are available in the account(s) submitted to be charged.*

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vice President/Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

