

# 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						
Banner Index Number	Account 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: \_\_\_\_\_

