

**UNIVERSITY OF HAWAII
STUDENT, CASUAL & OVERLOAD PAYROLL CHANGE FORM**

* Important: Correct ID No. is essential.
Verify with current Master File Listing.

Present Information Section

Employee Name

--	--	--

 Department _____
LAST First Middle

Action	Social Security No.	* ID No.	Account Code	Payroll No.	Warr. Dist. Code
<input type="checkbox"/> Change (C) <input type="checkbox"/> Terminate (T)				Check one: <input type="checkbox"/> F1 <input type="checkbox"/> F3 <input type="checkbox"/> F2 <input type="checkbox"/> F4	

Note: Circle item numbers of items to be changed in Red Ink

New Information Section

ITEM TO BE CHANGED	ITEM NO.	NEW OR CHANGED INFORMATION
Social Security No. **	01	
Name (LAST, First M. I.) **	02	22 character Limit
Address: Street	03	26 character Limit
City, State	04	22 character Limit
Zip Code	05	
Date of Birth (MM/DD/YY)	06	
Sex (Check one)	07	<input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)
U.S. Citizen (Check one)	08	<input type="checkbox"/> U. S. Citizen (Y) <input type="checkbox"/> Non-U. S. Citizen (N)
VISA	09	<small>Applies only to F2 & F4 Payroll</small>
FICA Tax	10	<small>Applies only to F2 & F4 Payroll</small>
Earned Income Credit	11	<small>For Payroll Office Use Only</small>
Marital Status (Check one) **	12	<input type="checkbox"/> Married (M) <input type="checkbox"/> Single (S)
Federal Tax Exemptions **	13	
State Tax Exemptions **	14	
Payroll Number (Check one)	15	<input type="checkbox"/> F1 <input type="checkbox"/> F3 <input type="checkbox"/> F2 <input type="checkbox"/> F4 <small>F1 & F3 cannot be changed to F2 & F4 or vice versa</small>
Warrant Distribution Code	16	
Position Title	17	
Hourly Rate	18	<small>Cumulative Hours since last increase:</small>
Monthly Rate	19	
Account Code	20	
Appointment Period (MM/DD/YY)	21	From: _____ To: _____ <small>For Financial Aids Office Use Only</small>
College Work Study Ceiling: Summer	22	<small>For Financial Aids Office Use Only</small>
Fall	23	<small>For Financial Aids Office Use Only</small>
Spring	24	<small>Applies only to F1 & F3 Payroll</small>
Class/Step	25	

General Instructions

- Reflect 1st three letters of the Employee Name in the blocks before the rest of the name (e.g., S M I TH, John T.)
 - Changes to items 01 to 14 require only one active ID No. to be entered on this UH Form 25 to change data on all master file records of an individual. Changes to items 15 to 25 affect each master file record separately.
 - Manoa Campus Only: F1 & F3 - Send to Student Employment Office
 ** For changes to these items, attach the original W-4 and/or HW-4. For changes to SS# & Name, also attach copy of a valid Social Security card.

Signature - Approving Authority

Date

Signature - Fiscal Officer

Date