PROGRAM WORKSHEET FOR PAYROLL REPORTING

A. Employee/Department Information

Name: _____   Employee ID#: _____

Department Name: _____   Dept Code: _____

B. Establishment of ERIT Program

Employee Current FTE %   _____

ERIT Participation %: _____
(minimum reduction of 5% and no more than 50%)

Effective Date: _____   **End Date:** _____
(minimum of 30 days participation)

Entity/FinUnit/Fund/Project/Task: _____   Distribution %: _____

Entity/FinUnit/Fund/Project/Task: _____   Distribution %: _____

Entity/FinUnit/Fund/Project/Task: _____   Distribution %: _____

Entity/FinUnit/Fund/Project/Task: _____   Distribution %: _____

C. Comments

_____

PLEASE ATTACH COPY OF APPROVED ERIT CONTRACT

Department Administrator Approval: _____