



AWARD TO FACULTY OR STAFF

Privacy Notice: State Law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact the Payroll Office using the information at the bottom of this form.

INSTRUCTIONS:

A selection committee has identified the following University faculty and/or staff member as a recipient of outstanding service or research award. Please complete the yellow shaded areas and submit the form to Payroll Services as noted at the bottom of the form. For more information regarding the appropriate disbursement of funds, please see the official manual titled [Guidelines for the Disbursement of Funds](#)

You may also use the link below to determine FICA exemption eligibility for student workers.
<https://www.tamus.edu/offices/bpp/fica-exemption/>

NOTE:

Only FIT, OASI and OAH are deducted from cash awards, with the exception of length of service awards; only OASI and OAH are deducted from length of service awards. If an employee is FICA exempt, only FIT is deducted. (FIT at 25%, OASI at 6.2%, and OAH at 1.45%.)

| UIN | Last Name | First Name | PIN | Title Code |
|----------------------------------|-----------|--|-----------------|---------------------|
| | | | | |
| Date Employee will receive check | Adloc | Account Number <small>(State Funds may not be used)</small> | Support Account | Accounting Analysis |
| | | | | |

Provide name, mail stop and phone number of department contact to notify when check is ready for pick up.

| Date check Needed | Name of Requestor | Mail Stop | Phone Number | Paper Check or Direct Deposit? |
|-------------------|---|---|---|------------------------------------|
| | | | | |
| Award Amount | Department Pays Taxes? <small>(Check if Yes)</small> | FICA Exempt? <small>(Check if Yes)</small> | Is the award a surprise? <small>(Check if Yes)</small> | Gross Up Amount if Dept pays taxes |
| | | | | NO GROSS UP |

Explanation: Provide name and a detailed explanation of the award. Attach additional documentation that supports payment.

Department Head/Director Signature

Date

Grants and Contracts Signature (Grant Accounts Only)

Date

Provost Signature (Faculty Employees Only)

Date

TAMUK Payroll/ Budget

Date

| | |
|---|--|
| SUBMIT TO: Payroll Services payroll@tamuk.edu | Questions payroll@tamuk.edu Yvonne Vela 361-593-4208 |
|---|--|