

Fee-Based Assignment Request

Please address all the items on this form. Incomplete requests cannot be processed. Submission of this request to the UW Human Resources Compensation Office signifies that you have the appropriate concurrences (appointment department and college /division approvals) on file with your records and available for review if requested.

SECTION I – INFORMATION	
Name of proposed fee-based employee:	Employee ID Number (EID) or SSN (if new):
The proposed fee-based assignment employee named above is (<i>please select only one</i>): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident <input type="checkbox"/> An alien authorized to work	
<input type="checkbox"/> I confirm that the proposed fee-based assignment employee is not an employee of a business and/or cannot be paid through a purchasing contract.	
Position Cost Center number:	Position Cost Center name:
Rate for one unit of work:	Number of units of work completed:
Description of Unit of Work Performed	
Timeframe within which the service was performed: Start Date: End Date: Enter both the start and end date. If the service was performed on a specific date, enter the same date in both boxes.	
Total amount to be paid: This amount must equal the “Rate for One Unit of Work” * “Number of Units of Work Completed”.	

Costing override Cost Center number (to be charged)		Costing override Cost Center name:	
Retiree Status <input type="checkbox"/> I have asked the prospective employee, and the person indicates that they <input type="checkbox"/> ARE / <input type="checkbox"/> ARE NOT retired from a position covered by a Washington State retirement system. If retired from such a position, I have contacted the Benefits Office at 206-543-4444 to review any employment limitations and reminded the retiree of the requirement to monitor their own employment hours to avoid loss of retirement income.			
Confirmation of Approval <input type="checkbox"/> I confirm that I have all appropriate documentation and approvals (appointing department and college/division approvals) on file in my department and that these records are available for review if requested.			
Department Contact Name(s):	Phone:	Email Address:	Date Form Completed

SECTION II – ROUTING INFORMATION			
Medical Centers		Campus	
UW Medical Center – Montlake & NW	Harborview Medical Center	HR Help	
hruwmc@uw.edu	hrhmc@uw.edu	hrhelp@uw.edu 206-543-8000	