



## 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

<b>SUBMIT TO:</b>  Payroll Services <a href="mailto:payroll@tamuk.edu">payroll@tamuk.edu</a>	<b>Questions</b>  <a href="mailto:payroll@tamuk.edu">payroll@tamuk.edu</a> 361-593-4208
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