

University of ÑÇÖÞÓ°Ô° **Personnel Action Form** **For Non-Resident Aliens** **Not Employed**

1. Earnings and income Code for this Income

<input type="checkbox"/> Royalty	ROY	12
<input type="checkbox"/> Scholarship	ASC	15
<input type="checkbox"/> Independent Contractor	AIC	16
<input type="checkbox"/> Artist / Athlete	AAA	20
<input type="checkbox"/> Prize / Award (non comp)	AOI	50

2. Action HIR	3. Reason NRA	4. Job Code 9888	5. Emp Class Non-Emp	6. Pay Group NEA	7. Empl Type S	8. Benefit Program DBP
-------------------------	-------------------------	----------------------------	--------------------------------	----------------------------	--------------------------	----------------------------------

9. Effective Date	10. Payee Name (Last, First, Middle)	11. EmplID
-------------------	--------------------------------------	------------

12. Full Name of UM Department	13. Contact Name	14. Dept. Contact Phone Number
--------------------------------	------------------	--------------------------------

15. Department Comments

16. NRA Taxation Specialist ONLY		
<input type="checkbox"/> UM 374	<input type="checkbox"/> 8233 / W-8BEN	Total Amount Paid _____ Less Tax Amount _____ % Net Pay _____ <div style="display: flex; justify-content: space-around;"> _____ _____ </div> <div style="display: flex; justify-content: space-around;"> Initials Date </div>
<input type="checkbox"/> INS Copies	<input type="checkbox"/> Hand-drawn Check Request	
<input type="checkbox"/> UM 378	<input type="checkbox"/> Contract (if needed)	
<input type="checkbox"/> ITIN Application sent to INS		

17. Department / School Authorization: Signature _____ Date _____