UNIVERSITY OF NORTH GEORGIA

Grant Budget Requests - Personal Services

Account Name: Account No: CURRENT ADJUSTMENTS OBJECT NAME BUDGET (+ OR (-)) 511xxx Regular Faculty	REVISED BUDGET
OBJECT NAME BUDGET (+ OR (-)) 511xxx Regular Faculty	
OBJECT NAME BUDGET (+ OR (-)) 511xxx Regular Faculty	
Name () Amount ()	
Name () Amount ()	
512xxx Part-time Faculty	
513xxx Summer Faculty	
514xxx Faculty Overloads	
516xxx Extra Comp Faculty/ Faculty VPO	
524xxx Student Assistants/ Grad Assistants	
521xxx Professional & Administrative (benefited only)	
Name () Amount ()	
Name () Amount ()	
522xxx Staff (benefited positions only)	
Name () Amount ()	
Name () Amount ()	
525xxx Casual Labor (non-benefited temporary staff)	
526xxx Extra Comp Staff / Staff VPO	
5 < Other	
5 < Other	
Fringe Benefits (Estimated 38%):	
FICA Employer (Total 7.65%)	
551xxx (FICA-Social Security 6.20%; FICA-Medicare 1.45%)	
552xxx State Teachers Retirement (20.78%)	
553xxx Group Health & Life Insurance (9.57%) TOTAL PERSONAL SERVICES	
I shall comply with approved Budget breakdown of the Business Office and submit all requests for changes in line items before expendi	iture requests are init
Submitted by: Verified:	
	sored Programs
Verified:	
Comptroller's	Office

Completed Forms should be submitted to the Office of Sponsored Programs followed by the Comptroller's Office.

If you need this document in an alternate format, please contact budgetoffice@ung.edu or call 706-867-2837.