

Initiating Department
O - _____

ADDITIONAL PAY



Do not use for stipends, teaching assignments or temporary appointments

- Faculty Grad Asst
 Hourly Salaried

Effective Date: ____/____/____

If not typed, use black or blue ink. White paper only.

Prepared By _____	Phone _____	Date _____
Deadlines for completed original to Human Resources: Monthly paid employees - prior to action effective date or the 10th of the month, whichever occurs sooner. Biweekly paid employees - at least two business days prior to effective date.		

PERSONAL DATA					
1 Prefix	First Name	Middle I	Last Name	Suffix	MaineStreet ID #
2 Department offering additional work	Home Department		Home Campus	Position Number	

ADDITIONAL PAY						
3 Total Additional Amount to be Paid	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly					
\$ _____	\$ _____					
(For professional positions paid in unequal installments, please list below.)						
4 Month One	Month Two	Month Three	Month Four	Month Five	Month Six	Month Seven
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5 Reason for additional pay/description of duties: (Required)						

EARNINGS DISTRIBUTION						
Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	<input checked="" type="checkbox"/> Soft Money
					%	<input type="checkbox"/>
Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	<input checked="" type="checkbox"/> Soft Money
					%	<input type="checkbox"/>
Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	<input checked="" type="checkbox"/> Soft Money
					%	<input type="checkbox"/>
Please check if this employee will be paid either in part or full from a federal contract with the E-Verify clause: <input type="checkbox"/>						
Contact Cliff Wilbur in the Office of Research and Sponsored Programs if you need help determining this status of your accounts.						
<input type="checkbox"/> Check here if additional distributions are included on reverse side or separate page.						
<i>Please make sure that the total % for each period of time equals 100%</i>						
Other Changes/Notes:						

Department Head/Supervisor: I have reviewed the information above. The recommended payment for the work is appropriate and does not compensate for types of work or levels of effort that are within reasonable expectations of the employee's regular duties and responsibilities.

 Initiating Administrator (Location of additional work) Date Recommended Date

 Recommended Date Approved Date