

ADDITIONAL/ONE TIME PAY FORM – FACULTY - Foundation

Has the individual been paid as an Employee of the University during the past 12 months? Yes No

Section 1 – Payment Information

EMPLID: _____ EMPLOYEE RCD: ____ JOBCODE: _____ POSITION # _____
 NAME: _____ Is Employee a US Citizen? Yes No
 First Middle Last

POSITION TITLE: : _____

ACCOUNT CODES	Distribution %
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DEPARTMENT ID: _____ PHONE: _____
 CONTACT: _____ CONTACT EMAIL: _____

COMMENTS:

**Additional Documentation Required*

BEGIN DATE: ____/____/____ END DATE: ____/____/____
 MM DD YY MM DD YY

Section 2 – Additional/One Time Pay

Indicate reason for which payment is due:

EARNINGS DESCRIPTION	EARNINGS CODE	AMOUNT	GOAL AMOUNT
_____	_____	_____	_____

One-Time Pays are to be used for occasional or sporadic employment, which means infrequent, irregular or occurring in scattered instances. The occasional or sporadic assignment must not be within the same general occupational category as the employee's regular work or performed during regular work hours.

For accurate FACET reporting, one-time pays must be paid on a payroll that is fully encompassed within the academic term for which the service is provided.

Section 3 – Approval Signatures

Principal Investigator & Date

Dean/Director/Department Head & Date

Vice President & Date

VP for Faculty Development & Advancement & Date

Foundation Signature & Date

Date Completed: