

Additional Pay Form

Section 1 – Payment Information

EMPLID: _____ EMPLOYEE RCD: _____ JOBCODE: _____

NAME: _____
First
Middle
Last

POSITION TITLE: _____ ACCOUNT CODE: _____

DEPARTMENT ID: _____ PHONE: _____

CONTACT: _____ CONTACT EMAIL: _____

DESCRIBE ACTION:

ONE-TIME: _____ RECURRING: _____ BEGIN DATE: ____/____/____ END DATE: ____/____/____
Bi-Weekly
MM DD YY
MM DD YY

Section 2 – Additional Pay

EARNINGS DESCRIPTION:	CODE	AMOUNT:	GOAL AMOUNT:
Bonus*	BON	_____	_____
Direct Support Organization*	DSO	_____	_____
DRS National Teacher Award*	174	_____	_____
DRS State A+ Award*	175	_____	_____
DRS Supplement Hourly OPS Pay	DR2	_____	_____
DRS Supplement Pay – Academic	DRA	_____	_____
DRS Supplement Pay – Athletics	DRS	_____	_____
Faculty Admin Supplement Dollars	ADS	_____	_____
Field Officer Training Pay	FTP	_____	_____
Lump Sum in Lieu of Raise*	LSM	_____	_____
OEP Retirement Tax Offset	TAX	_____	_____
One Time Pay – OPS	ONE	_____	_____
Shift Regular Duty 10%	SF1	_____	_____
Shift Regular Duty 5%	SF5	_____	_____
State Awd Superior Accom AP/FAC*	AMF	_____	_____
State Awd Merit Serv Suggestion*	AMS	_____	_____
State Awd Merit Serv Non-Cash*	ANC	_____	_____
St Awd Sup Accom-All Sal Plans*	AOP	_____	_____
Temporary Out of Class Pay	TMP	_____	_____
Vista Payment	VTA	_____	_____
* Additional Documentation Required			

Section 3 – Non-Resident Alien (15/16)

SUBSTANTIAL PRESENCE TEST _____ REC'D FORM 8233 _____

COUNTRY _____ VISA INFO _____ REC'D FORM W-9 _____

TREATY ID _____ PARAGRAPH _____ REC'D FORM W-8 _____

EARNINGS DESCRIPTION:	CODE	AMOUNT:	GOAL AMOUNT:
Scholarship / Fellowship / Grants (15)	SFG	_____	_____
Independent Personal Services Contractor (16)	IPC	_____	_____

Section 4 – Approval Signatures

Principal Investigator & Date

Dean/Director/Department Head & Date

Vice President & Date

Dean of Faculty & Date