

Hampshire College Additional Compensation Form - STPS

Please make sure **all** of the following steps are completed:

- Please complete **all data** and have budget supervisor sign form. Send to HR **prior** to payroll deadline.
- All **grant funded** additional compensation forms must first be approved by the Assistant Controller. The form will then be forwarded to Human Resources for processing.
- Additional Compensation **must** be reviewed and approved by **Human Resources** (for administrators) or the **Dean of Faculty office** (for faculty) **prior** to completion of form.

Missing data may delay processing

FACULTY — To provide additional monies relating to teaching additional courses or summer tutorial, institutional or grant funded.

- 61002 (added responsibility/duties within current position = **benefited addcomp**)
 61003 (special assignment, activity outside of current position = **non benefited addcomp**)
 Faculty Exchange Program: Bill to: _____

ADMINISTRATORS — Current practice of the College is to provide additional monies for Administrators (exempt) who assume responsibilities relative to duties in a higher paygrade on a temporary basis.

- 61102 (added responsibility/duties within current position = **benefited addcomp**)
 61103 (special assignment, activity outside of current position = **non benefited addcomp**)

Employee Data (please print)

Name: _____
Last First Position Title

Funding Source Information

Fund/Grant Name **and** Department _____ General Ledger Account: 80 90 - 0 - _____

Start Date: _____ End Date: _____ Total amount to be paid: \$ _____ Total number of payments: _____
(first of month - current payroll period) (end of month)

Reason for Additional Compensation: _____

Authorization - Required Signatures

_____	_____	_____	_____
Budget Manager/Supervisor Name (printed) and Signature	Date	Cabinet Member Signature	Date
_____	_____	_____	_____
Director for Finance and Accounting /Vice President for Finance and Administration	Date	Human Resources Signature	Date
Grants (80 accounts) require this additional authorization: _____		Fund Number Entered in Datatel _____	
Assistant Controller Signature		Date	Date/Initial

Human Resources Processing

Position ID# input three periods - and employee's current position will default in field **Pay Cycle:** MP **Earnings Type:** ADD1 (w/o benefits) ADD2 (with benefits)

Payroll Designation: Restricted **Pay Period Gross:** \$ _____ **Human Resources Process Date/Initial:** _____

This form is confidential and should be treated accordingly.