

# Hampshire College Additional Compensation Form - STPS

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

- ☐ Please complete **all data** and have budget supervisor, division head, and director of strategic budgeting & analysis sign form. Send to HR **prior** to payroll deadline.
- ☐ All **grant funded** additional compensation forms must be approved by the 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 pay grade 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

\_\_\_\_\_  
Division Head Signature/Date

\_\_\_\_\_  
Director of Budgets & Planning Signature/Date

\_\_\_\_\_  
Human Resources Signature (Administrator STPS only) /Date

\*Grants (80 accounts) **require this additional authorization:** \_\_\_\_\_ Fund Number Entered in Datatel \_\_\_\_\_  
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.*