

Hampshire College Cell Phone Additional Compensation Form – STPS

Less than 12 month employee

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

1. 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.
2. All **grant funded** additional compensation forms must be approved by the controller. The form will then be forwarded to human resources for processing.

Missing data may delay processing

NON-EXEMPT (Bi-Weekly paid)

EXEMPT (Monthly paid)

Employee Data *(please print)*

Name: _____
Last
First
Position Title
FTE

Funding Source Information

Department/School _____ General Ledger Account: 80* 90 - 0 - _____ - 63061
Dept. #
 Start Date: _____ End Date: _____ **Total amount to be paid: ** \$** _____ **Total number of payments:** _____
(first of month or payroll period)
(end of month or payroll period)
(total annual amount)
(mos/wks)

Description of Additional Compensation: CELL PHONE STIPEND Reason for Additional Compensation: CELL

**Monthly-paid = \$40.00 pp x # of mos. in employee employment cycle

**Bi-Weekly-paid = \$20.00 pp x # wks. in employee employment cycle

Authorization – Required Signatures

 Budget Manager/Supervisor Name (printed) and Signature/Date

 Division Head Signature/Date

 Director of Strategic Budgeting & Analysis Signature/Date

 Human Resources Signature/Date

*Grants (80 accounts) require this additional authorization: _____
 Controller Signature/Date

Human Resources Processing

Position ID # input three periods - and employee's current position will default in field **Pay Cycle:** MP EP **Earnings Type:** CELI

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

This form is confidential and should be treated accordingly.