Hampshire College Cell Phone Additional Compensation Form - STPS

<u>Please make sure **all** of the following steps are completed:</u>

1. р *Please complete **all data** and have <u>budget supervisor, division head, and associate vice president for finance & administration</u> sign form. Send to HR **prior** to payroll deadline.*
2. р *All **grant funded** additional compensation forms must be approved by the <u>associate controller</u>. The form will then be forwarded to human resources for processing.*

<u>Missing data may delay processing</u>

р **<u>NON-EXEMPT (Bi-Weekly paid)</u>**   р **<u>EXEMPT (Monthly paid)</u>**

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)*

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

   *** <u>Monthly-paid</u> = number of months in employee employment cycle i.e. 12 mos., 11 mos., 10 mos. etc.   <u>Bi-Weekly-paid</u> = 26 payments**

Authorization – Required Signatures

_____   _____
Budget Manager/Supervisor Name (printed) and Signature/Date   Division Head Signature/Date

_____   _____
Associate Vice President for Finance & Administration Signature/Date   Human Resources Signature/Date

***Grants (80 accounts) <u>require</u> this additional authorization:** _____   Fund Number Entered in Datatel _____
                                                        Associate 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   EP*   **Earnings Type:** *CELL*

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

This form is confidential and should be treated accordingly.