Hampshire College Cell Phone Additional Compensation Form - STPS

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

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

Missing data may delay processing

p NON-EXEMPT (Bi-Weekly paid)

p EXEMPT (Monthly paid)

Name: Last First Position Title FTE Funding Source Information Department/School General Ledger Account: 80* 90 - 0 63061 Dept. # Start Date: (first of month or payroll period) Description of Additional Compensation: CELL PHONE STIPEND Reason for Additional Compensation: **Monthly-paid = number of months in employee employment cycle i.e. 12 mos., 11 mos., 10 mos. etc. Budget Manager/Supervisor Name (printed) and Signature/Date Division Head Signature/Date Associate Vice President for Finance & Administration Signature/Date #Grants (80 accounts) require this additional authorization: Associate Controller Signature/Date Manager/Date Fund Number Entered in Datate	Employee Data (please print)		
Department/School General Ledger Account: \$\Bota \text{80*} \ \Bota \text{90-0}			
Department/School General Ledger Account: \[\begin{array}{c} 80* \text{90 - 0} - \text{50061} \\ \text{Dept. #} \\ \text{Total number of payments: ***} \] Start Date: \[\text{(first of month or payroll period)} \] End Date: \[\text{(end of month or payroll period)} \] Reason for Additional Compensation: \[\text{CELL PHONE STIPEND} \] Reason for Additional Compensation: \[\text{CELL} \] ***\[\frac{Monthly-paid}{months in employee employment cycle i.e. 12 mos., 11 mos., 10 mos. etc. \] **\[\frac{Bi-Weekly-paid}{mos. etc.} = 26 \] **\[B		Position Title	FTE
Start Date: End Date: End Date: Total amount to be paid: \$ Dept. # Description of Additional Compensation: CELL PHONE STIPEND	Funding Source Information		
Start Date: End Date: Total amount to be paid: \$ Total number of payments: ** Description of Additional Compensation: CELL PHONE STIPEND Reason for Additional Compensation: CELL	Department/School		63061
**Monthly-paid = number of months in employee employment cycle i.e. 12 mos., 11 mos., 10 mos. etc. Bi-Weekly-paid = 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) require this additional authorization: Associate Controller Signature/Date Date/Initial	Start Date: End Date: (first of month or payroll period) (end of month or payroll period)	Total amount to be paid: \$ Total number of paid:	payments: **
** Monthly-paid = number of months in employee employment cycle i.e. 12 mos., 11 mos., 10 mos. etc. Bi-Weekly-paid = 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 #Grants (80 accounts) require this additional authorization: Associate Controller Signature/Date Bi-Weekly-paid = 26 payments Division Head Signature/Date Human Resources Signature/Date Fund Number Entered in Datatel Date/Initial	Description of Additional Compensation: CELL PHONE STIPEND	Reason for Additional Compensation: CELL	
*Grants (80 accounts) require this additional authorization: Associate Controller Signature/Date Fund Number Entered in Datatel Date/Initial	Authorization - Required Signatures		
Associate Controller Signature/Date Date/Initial	Associate Vice President for Finance & Administration Signature/Date	Human Resources Signature/Date	
Human Resources Processing			
	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.