

Hampshire College Cell Phone 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.

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)

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

**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

Director of Strategic Budgeting & Analysis Signature/Date Human Resources Signature/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 EP Earnings Type: CELL

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

This form is confidential and should be treated accordingly.