

# 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 Budgets & Planning 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.*