

Hampshire College 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.
3. p Additional Compensation **must** be reviewed and approved by **human resources** (for administrators) or the **dean of faculty office** (for faculty) **prior** to completion of form.

Missing data may delay processing

FACULTY — To provide additional monies relating to teaching additional courses or summer tutorial, institutional or grant funded.

- 61002 (added responsibility/duties within current position = **benefited addcomp**)
 61003 (special assignment, activity outside of current position = **non benefited addcomp**)
 Faculty Exchange Program: Bill to: _____

ADMINISTRATORS — Current practice of the College is to provide additional monies for Administrators (exempt) who assume responsibilities relative to duties in a higher pay grade on a temporary basis.

- 61102 (added responsibility/duties within current position = **benefited addcomp**)
 61103 (special assignment, activity outside of current position = **non benefited addcomp**)

Employee Data (please print)

Name: _____
Last First Position Title

Funding Source Information

Fund/Grant Name **and** Department _____ General Ledger Account: 80* 90 - 0 - _____

Start Date: _____ End Date: _____ Total amount to be paid: \$ _____ Total number of payments: _____
(first of month - current payroll period) (end of month)

Reason for Additional Compensation: _____

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 (Administrator STPS only) /Date

*Grants (80 accounts) **require 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 **Earnings Type:** ADD1 (w/o benefits) ADD2 (with benefits)

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

This form is confidential and should be treated accordingly.