



PAYMENT form for Additional Compensation and Bonus Payments

Employee Name (Last, First, Middle Initial) Employee ID Empl Rec #
Funding Department Funding Department ID
Home Department (if different from above) Home Department ID (if different from above)

Additional Compensation - Bi-weekly Payment Additional Compensation - Bonus Payment

Additional Compensation - Bi-weekly Payment

Employee Type: Faculty (academic basis) Faculty (admin basis) Professional Staff

Effective Date\*: End Date: Bi-Weekly Rate: Pay Periods\*: Total Amount:
Description of Services:

\*All additional compensation must commence at the start of a pay period.

Table with 6 columns: HR Combo Code, Fund, Department, Project Grant #, Grant End Date, Principal Inv.

Additional Compensation - Bonus Payment

Employee Type: Faculty (academic basis) Faculty (admin basis) Professional Staff

Pay Period Start Date\*: Pay Period End Date: Total Amount:
Description of Services:

\* Bonus payments must commence at the start of a pay period. Bonus payments are paid in ONE pay period after work is completed.

Table with 6 columns: HR Combo Code, Fund, Department, Project Grant #, Grant End Date, Principal Inv.

Contact Person: Phone Number: E-Mail:

HR/PY

E. Approvals

Funding Dept Head/Director/Chair: Date:

Home Dept Supervisor/Director/Chair (if different): Date:

Dean: Date:

Vice Chancellor/Provost: Date: