

ADDITIONAL PAYMENT REQUEST FORM

This form is used for: *Faculty Recruitment Allowance, Academic/Staff One Time or Recurring Payments.*

EMPLOYEE NAME : _____ **ID#:** _____

TITLE: _____

PERIOD COVERED : _____ **POSITION#:** _____

SERVICE DESCRIPTION/Justification :

TYPES OF PAYMENTS TO BE REPORTED ON THIS FORM

STIPEND PAYMENT (STP) - Academics

Related to teaching activity paid from general funds or Clinical activities performed by Non HSCP Academics (non-19900) e.g., block directors, program directors, content specialist etc.

STIPEND PAYMENT (SAS) - Staff

Payment provided when an employee is temporarily assigned, for a period of at least 30 working days, responsibilities of a higher level position or other significant duties not part of the employee's regular position.

EXTRA SHIFT PAYMENT (EXP) - Staff *A payment made to staff physicians who are providing direct patient care work who exceed the number of shifts required by their appt.*

FACULTY RECRUITMENT ALLOWANCE PAYMENT (FRA) - *A faculty allowance that is negotiated in the Letter or Intent (LOI). Attach LOI with this form.*

Entity (4)	Fund (5)	Activity (6)	Account (6)	Functn (2)	Program (3)	Project (10)	Flex 1 (10)	Optional Flex 2 (8)	Earn Code	Earnings End Date	Gross Payment

Do not leave any COA fields blank other than the optional Flex 2. If there is no program or project code the default numbers are zeros

Department Chair/FAO/budget owner is responsible for insuring that all appropriate appointments and funding agreements are current and that accounting information is accurate before request for payment is submitted.

Additional Information: Please include in this box if the payment is to be made in one payment, two payments, or multiple payments

Form Prepared By **Date**

FAO/FOO/Budget Owner Approval **Date**

Assoc Dean/CFAO Office Approval **Date**