



Human Resources Additional Compensation Form *Instructions*

Before offering additional pay to an employee:

- a) The originator should be familiar with the guidance: http://www.usm.maine.edu/hrs/hrforms/fac_guidance.pdf to confirm that the situation is eligible for additional pay.
- b) The originating supervisor and relevant management should have reviewed and approved it for appropriateness.
- c) Additional compensation does affect the overtime rate of pay for hourly employees, so it is important for the home department to know that an hourly employee would receive a higher OT rate during any pay cycle that also included any additional pay.

The form is designed to be completed online; then printed for signatures.

-please refer to annotated Form on Final Page-

Item by Item Instructions

ITEM Description/Instructions

1. Prepared By - The name of the person who can answer questions (if any) about the action
2. Phone - The phone number where this individual can be reached during business hours
3. Date - date the form is prepared
4. Deadlines for completed originals to arrive @ Human Resources
 - a. Monthly employees - AS SOON AS POSSIBLE, but no later than the 10th of the month that the pay is expected.
 - b. Biweekly Employees – AS SOON AS POSSIBLE, but no later than the effective date of the action. Items received after the deadline may or may not be completed in time for a current pay cycle; however, they will be processed with the next payroll cycle.
5. Name of employee - Last Name, Suffix (JR, SR, etc), First Name, Middle Initial – **legal names only**
6. MaineStreet Employee ID – This is not the social security number. It is a 7 digit MaineStreet generated number beginning with “0” (zero) for the employee. **If you do not have your employee IDs, then you can locate them here:** https://www.usm.maine.edu/inforeporting/hr/intranet/lists/ps_emplid_all.
7. Department offering additional work -MaineStreet Department Name of department offering additional work.
8. Employee’s Home Department - MaineStreet Department Name of employee’s home department (if another campus, please write in.
9. Payrate Per Period - How much (in dollars) should the employee be paid with each paycheck (per period) – **(not the hourly rate, that should be indicated in the description box)**
10. Number of payments - How many pay periods you plan to compensate the employee (the number of biweekly or monthly payments to be made - not the number of hours) (If you are need to pay 3.5 payments, you will need to do a form for 3 payments and a form for .5 payment)
11. Total Additional Pay -**The form will calculate the total amount if you complete it online so that you may verify the total amount paid to the employee.**
12. Payroll Start Date – **This is not the date of the work, but the beginning date of the payroll period in which the employee will be paid. For monthly paid staff it would be the 1st of the month. For biweekly paid staff it would be the 1st date of the payroll period** (please see [payroll schedule](#).)

13. Payroll End Date – **This is not the date of the work, but the ending date of the payroll period in which the employee will be paid. For monthly paid staff it would be the last day of the month. For biweekly paid staff it would be the last date of the payroll period** (please see [payroll schedule.](#))
14. Reason Notes – Click on Icon to review notes before selecting Reason. – **If you are uncertain as to which reason to choose, please review guidance:** http://www.usm.maine.edu/hrs/hrforms/fac_guidance.pdf
 - a. Reason – **Select one of the supplied reasons for Additional Pay.**
15. Detailed Description – Provide detailed description (**this will be the basis of determining in the work qualifies for additional compensation**) of work performed and clarify whether this work is completed or is future-based work. This description must include total hours worked and dates work was performed. For professional and hourly staff, you must also show how the pay was calculated. Use the back of the form, if necessary, for more space.
16. Earnings Payroll Distribution Start Date – same as 12
17. Earnings Payroll Distribution Stop Date – same as 13
18. Chartfield combo – It is critical that you use the right “account code” as this determines the fringe rate you are charged. – **The account codes for additional pay should be either: 50009, faculty add comp; 51009, non-fac add comp; 52009, classified add comp. The account codes for stipends should be: 50006, chair stipend; 50008, fac sal stipend; 51008, non-fac stipend. You may also need to use an overtime account for classified staff which is 52011.**
A complete list of codes can be found here: http://usm.maine.edu/finance/FY08_Fringe_Rates.pdf
19. 10 Digit Account ID – this is how payroll is charged back to your budget. If this field is left blank, the form will be returned to the Div/Unit Financial Manager.
20. Distribution Percentage – In most cases this will be one line and the percent 100%. If you need to charge this additional pay to multiple budget accounts, grants, projects, etc. you may detail the Earnings Distribution Table on the back of the form and detail how the additional pay should be distributed (75/25%, 50%/50% or even further breakdowns. The total should be 100%)
21. Signature of Initiating Supervisor – supervisor initiating additional work
Signature of Div/Unit Financial Manager - this is the person who has authority to assign the account number
Signature of Dean or Director – responsible for additional work
NOTE: *If acting in more than 1 role, please sign primary role (and clearly type or print your name) and initial other lines.*****
22. Date – signed by Initiating Supervisor
Date – signed by Div/Unit Financial Manager
Date – signed by Dean/ Director
23. TYPE or print name – of Initiating Supervisor
TYPE or print name – of Div/Unit Financial Manager
TYPE or print name – of Dean or Director
NOTE: Forms will be returned if we can't read signature and name is not printed – we will also return forms with missing signatures.
24. Return To – **Employment Services, 128 School Street, Gorham Campus**
Documents are reviewed and approved by Employment Services before being forwarded to Payroll for payment. **Sending to Payroll first will slow down the process.**



UNIVERSITY OF SOUTHERN MAINE

Shaded area for Human Resources office use ONLY:

Proc By	Date	Position #	Status	Paygroup
Home Campus	Reason	Earn Code	Seq#	Job Record #
Data Entry Date				

To ensure accuracy, please complete this form ONLINE.

Prepared By: 1 Phone: 2 Date: 3

Deadlines for completed original to Human Resources:
 Monthly Employees – AS SOON AS POSSIBLE, but no later than the 10th of the month,
 Biweekly & Student Employees - AS SOON AS POSSIBLE.

Human Resources Additional Compensation Form

Last Name (LEGAL NAME) 5 Suffix 4 First Name (LEGAL NAME) 5 M.I. 5 Maine Street Employee ID # 6

Department offering additional work 7 Employee's Home Department 8

Biweekly/Monthly Amount per Pay Period 9 \$ # of Payments 10 Total Additional Pay 11 Payroll Start Date 12 Payroll End Date 13

Reason Notes for Additional Compensation

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↔ Please make Reason Selection HERE

Detailed Description of Work, Number of Hours Worked, and Dates Work was performed

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Earnings Distribution Chartfield Combination										
Start Date	End Date	Department	Fun. Code	Account Code	Class Code	Project Code	Program Code	Operating Unit	HR Accounting ID (10 digits)	Distribution Percent
16	17			18					19	%
										%
										%
										%
									Total	20

(Please add more distribution lines on reverse side, if needed.)

We have reviewed the information above. The recommended payment for the work is appropriate and does not compensate for types of work or levels of effort that are within reasonable expectations of the employee's regular duties and responsibilities.

If acting in more than 1 role noted below, please indicate primary role (and clearly type or print your name) and initial other lines.

Forms missing signatures (or initials as indicated) WILL BE RETURNED FOR CORRECTION

Initiating Supervisor (responsible for additional work) 21 Date 22 please type name 23

Div / Unit Financial Manager Date please type name 23

Dean / Director (responsible for additional work) Date please type name 23

Return to **Employment Services - 128 School Street - Gorham Campus**

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