

## STEP 2: To be completed by the Funding Department



### FACULTY/ACADEMIC PROFESSIONAL – SUPPLEMENTAL COMPENSATION PAYMENT FORM

*This form should be used for individuals whose primary position is Faculty OR Academic Professional.*

**Instructions:**

1. The Supplemental Compensation **Pre-Approval Form** MUST be completed and approved PRIOR to processing payment for amounts greater than \$400 or for ANY amount if the individual is receiving salary or supplemental pay from a grant or sponsored project.
2. Copy of signed pre-approval form MUST be attached to this payment form.
  - The pre-approval form can be found at the following link: [http://hr.nau.edu/m/files/Fac\\_supp\\_comp1.doc](http://hr.nau.edu/m/files/Fac_supp_comp1.doc)
3. This form should only be submitted for supplemental compensation of FULL-TIME faculty and academic professionals (those with an FTE = 1.0) during periods of regular employment (e.g., full-time faculty on-contract at the time the work is being done). All other requests (e.g., summer employment for faculty) should be submitted on a Personnel Action Request form.
4. Compensation Rate shall be determined according to ABOR policy, with the concurrence of the appropriate vice president.
5. After obtaining required signatures, forward to the Budget Office, Box 4118, for processing.
6. \*For compensation amounts of \$400 or less, home department supervisor signature is necessary below because the Pre-Approval form is not required unless the individual is receiving salary or the supplemental pay from a grant or sponsored project.

Primary Position Information			
Name: Last	First	M.I.	Emp. ID
Job Title		Department	
NAU SUPPLEMENTAL EMPLOYMENT INFORMATION		FOR BUDGET/PAYROLL USE ONLY	
Supplemental Job Title and Brief Description of Work		Rate Per Hour \$ _____	Log No. _____
Supplemental Department		<b>PAYMENT</b>	
Beginning Date	Ending Date	Financials Dept ID: _____	Fund _____
Rate per Hour \$ ____	Total Hours	Program: _____	Project _____
Total Payment \$ ____		Prev. Cum. Amount \$ _____	Account _____
<u>Method of Payment:</u>		Amount This Request _____	
One-time <input type="checkbox"/>	Biweekly for above Period <input type="checkbox"/>	New Cumul. Amount \$ _____	Pos. # _____
Financials Dept ID: _____	Fund: _____	<b>HOURS</b>	
Program: _____	Project: _____	Prev. Cum. Hours _____	FTE _____
		Hours This Request _____	\$ _____
		New Cumul. Hours _____	Job Code _____
		(Max = 312/Academic, 384/Fiscal)	
		Budget Office _____	
INITIATOR INFORMATION			
Initiator	Box No.	Phone	
<b>REQUIRED SIGNATURES:</b>			
*Supervisor/Chair (home dept) (Necessary only if <\$400 and no Pre-Approval form)	Date _____	Print Name _____	Box _____
Dept Manager (Funding Department)	Date _____	Print Name _____	Box _____
Dean (home college)	Date _____	Print Name _____	Box _____
Provost/ Vice President	Date _____	Print Name _____	Box _____

- ▶ Attach a copy of the signed **Supplemental Compensation Pre-Approval Form** associated with this payment. Original to Provost's office for processing.
- Copy Distribution (from Provost's office): Copy to Faculty Home Department and copy to Funding Department