

# INSTRUCTIONS FOR COMPLETING THE ADDITIONAL COMPENSATION FOR EARLY RETIREMENT FORM

Complete all sections of the form. **Forms not filled out completely will be returned to the Department.** Refer to Policy 5-403 for additional information.

**Prepared By:** Please include all the information in this box. If there are any questions or missing information on the Additional Compensation form, this is who will be contacted. Omitting this information will cause delays in processing the form.

## Payment:

- A. *Employee Name:* Enter the employee's name.
- B. *Employee's Job Title:* Enter the employee's job title as it appears on the ePAF.
- C. *Employee's FTE:* Enter the employee's FTE for all active assignments.
- D. *Department Paying Compensation:* Enter the name of the department initiating the form for payment.
- E. *Org ID:* Enter the department/organization ID number for the department initiating the payment.
- F. *Employee's Home Department:* Enter the name of the employee's home department.
- G. *Org ID:* Enter the department/organization ID number for the employee's home department.
- H. *Employee ID #:* Enter the employee's ID number. (This number must be identical to the number on the ePAF.)
- I. *Amount:* Enter the gross amount to be paid. Hours or rates per hour are not appropriate for additional compensation.
- J. *Pay Period Dates:* Enter the starting and ending dates of the pay period for which payment is to be made. Additional compensation may not be paid over more than one pay period.
- K. *Chartfield:* Enter the Chartfield to be charged for these earnings.
  - BU** - Business Unit
  - Org ID** - Organization/Department ID
  - Activity/Project** - Activity or Project Number
  - Account** - Account Number
  - A/U** - Allowable (1), Unallowable (0)
- L. *Reason for Additional Compensation:* The reason for the additional compensation should be explicit and concise. Any unusual circumstances should be fully explained.

## Approval:

The approval signatures of the Authorized Supervisor Authority with line responsibility over the department paying the additional compensation and the Authorized Supervisor Authority of the employee's home department are required. In some cases this may be the same signature. The approval of the Dean's office may also be required if applicable. The approval of the Office of Sponsored Projects is required if any portion of the compensation paid to the employee is from Federal grants or contracts. The approval of the Vice President with line responsibility over the employee is required if the additional compensation exceeds \$2500.

This form is due to the Payroll Department, 420 Wakara, no later than 5:00pm 3 business days prior to the pay period end date.

**University of Utah Payroll Department  
Payment of Additional Compensation  
Early Retirement Incentive**

Prepared By: _____	Email: _____
Phone: _____	Date: _____

Payment of additional compensation is restricted to **EXEMPT EMPLOYEES** for the payment of services which **arise infrequently**, and are not within the scope of the employee's normal working assignment. It must be used only in those unusual cases in which it is not appropriate to process the payment through initiation of or change to the ePAF form. Additional compensation is restricted to authorized overload provided in accordance with Policy 5-403. **The approval of the employee's cognizant Vice President is required if the additional compensation exceeds \$2500.**

Additional compensation shall not be used for the following:

- Payment to Exempt employees for overtime worked
- Payments which should be made through Kronos
- Payment of lead worker or on-call pay
- Payments of honoraria to employees (refer to PPM 3-062)
- Payments for any research assignment, whether on or off campus

This form will authorize payment to: Employee's Name _____	
Employee's Job Title: _____	Employee's FTE: _____ (Total FTE for all active assignments)
Department <b>Paying</b> Compensation: _____	Org ID: _____
Employee's <b>Home</b> Department: _____	Org ID: _____

**PLEASE SEE INSTRUCTIONS FOR COMPLETION OF THE FOLLOWING SECTIONS**

Payment: Payment should be requested after work is performed. (DO NOT FILL IN SHADED AREAS.)

Employee ID #	Record #	Earnings Code	Additional Sequence	Amount
		REG		

Pay Period Dates		Chartfield				
Start	End	Bu	Org ID	Activity/Project	Account	A/U

**MANDATORY**

Reason for Additional Compensation (Please provide details):

*APPROVALS: Authorization & Certification: I (all signatures below) have reviewed the request for compensation and the policy and certify that this payment is in accordance with PPM 5-403 and all limitations as set forth therein:*

Line responsibility over department PAYING compensation

Line responsibility over employee's HOME department  
(Approval authorizing effort)

\_\_\_\_\_  
Authorized Supervisor Authority Signature      Date

\_\_\_\_\_  
Authorized Supervisor Authority Signature      Date

\_\_\_\_\_  
Review and approval from the Office of Sponsored Projects is required if any portion of compensation paid to this employee is from federal grants or contracts.

\_\_\_\_\_  
Office of Sponsored Projects (if required)      Date

\_\_\_\_\_  
Cognizant Vice President      Date  
(Required if compensation exceeds \$2500)