****Must Have Immediate Supervisor's PreApproval****

EXTRA ASSIGNMENT PAYMENT REQUEST

Form must be received in the Payroll office by the date listed on the pay schedule.

KEEP A COPY FOR YOUR RECORDS

ATTENDEES: PLEASE COMPLETE ALL BOXES BELOW.

Information must be legible and complete or payment will not be processed.

A copy of the agenda/itinerary MUST be attached in order to receive compensation.

Employee Name: _____ **Employee ID:** _____

Extra Assignment: _____ **Last 4 of SSN:** _____

****Preapproved time (hours)** _____ **Supervisor's Signature** _____ **Date:** _____

Description: _____ **Location:** _____

_____

_____

Federal Grant Funded? Yes ☐ No ☐ If yes, enter code _____ _____ _____ _____ _____ _____

XXX FUND | XXX SPCC | XXXX FUNCTION | XXX OPU | XX IL | XXX ACCT.

Approved General Account Coding: _____ _____ _____ _____ _____ _____ _____

Fund	SPCC	Function	Subject	OPU	IL	ACCT
XX	XX	XXXX	XXXXXX	XX	X	XXX

Dates	time and total hours *ex: 4-6pm 2 hours*	Hourly rate	OR	Daily rate (if per diem)	Total Amount Due
			TOTAL SUPPLEMENTAL PAY= $		

2 CRF 200.430 states: "Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed...These records must: (i) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated...(iii) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity...(vii) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity." As the supervisory official for [name of fund] _____, I hereby certify that the above employee worked solely for the single cost objective covered by the Federal Fund for the time designated above.

TITLE	PRINTED NAME	SIGNATURE	DATE
Staff Member Requesting Pymt			
Building/Dept.Administrator ***Check to ensure prior approval***			
Federal Fund Administrator			
Other Grant Administrator			

☐ Class Coverage/Tutoring - Building Supervisor Signature and the send to Payroll

☐ Professional Development, STEM/IB, Summer School- Building Supervisor Signature and forward to Educational Services

☐ Technology Professional Development- IT Coordinator Signature and forward to Payroll

Hourly Rates: Add'l duties -$25; In Service -$25 (attend), $25 (preparation), $38 (presentation); Summer school teaching -$44