Supplemental Pay Authorization (SPA) Form

INSTRUCTIONS

1) Initiation:
   i) Complete appropriate fields within pertinent section.
   ii) Only GL segment function 10 – 60 used with this form. Contact Payroll with account questions.
   iii) Obtain appropriate signatures.
2) Use separate form for each transaction.
3) Originating school/department/program should maintain the original.
4) Create a Munis personnel action and attach form.
5) Complete **time entry AFTER personnel action approval** notification is received.
6) Section E - Extra Duty Contract questions can be directed to your Human Resources Coordinator.

Form Component	Description / Usage	Rates of Pay	
		FEA / FPA members	ESSA members
Contract Extension (Section A)	**Regular** *(FEA Negotiated Agreement Article 105. I) (ESSA Negotiated Agreement Article 7.8) (FPA Negotiated Agreement 4100 and 8200)* ● Employees working before and/or after their contract year in the same classification/same location ● Start of Year duties – Create PA AFTER July 15 ● End of Year duties – Create PA BEFORE last student contact day.	FEA / FPA	Per Diem Rate *(Complete section A, record hours in time entry)*
		ESSA	Regular Hourly Rate *(Complete section A, record hours in time entry)*
	Scheduled Work Day *(FEA Negotiated Agreement Article 105. I and 506)* ● Employees working additional hours beyond regular FTE.	FEA	Per Diem Rate *(Complete section A, record hours in time entry)*
Extended Year Program *Programs established before 9/1/98.* (Section A)	● **GHA educational program** ● **Co-Operative education summer program** ● **Special Education summer program** ● **Construction Academy** *(FEA Negotiated Agreement Article 105. II) (ESSA Negotiated Agreement Article 7.11)*	FEA / FPA	Per Diem Rate *(Complete section A, record hours in time entry)*
		ESSA	- Regular hourly rate if working in same classification. - Step 1 of classification if employed in another classification *(Complete section A, record hours in time entry)*
Extended Day/Year Program *Programs established on or after 9/1/98.* (Section A)	**Regular Ed Summer School** *(FEA Negotiated Agreement Article 105. II) (ESSA Negotiated Agreement Article 7.12)*	FEA	B-0 Rate *(Complete section A)*
		ESSA	-Regular hourly rate if working in same classification. -Step 1 of classification if employed in another classification
	District-approved curriculum extended day program	FEA	B-0 Rate *(Complete section A)*
		ESSA	Hourly rate based on current temp wage schedule (overtime wages may apply)
Stipend (Section B, C,or D as indicated)	**Voluntary participation:** *(FEA Negotiated Agreement Article 105. III)* ● voluntarily attend district-initiated meeting/activity or meetings	FEA	$15.00 per hour *(Complete section B)*
	Work Area Moves *(FEA Negotiated Agreement Article 105. IV)* ● setting up their work area due to the opening or remodeling of a school or building transfer or other significant change in their work area	FEA	B-0 Rate *(Complete section B)*
	Leadership Team *(FEA Negotiated Agreement Article 601, III)*	FEA	$1,500 per sem. / $3,000 per year *(Complete section C)*
	Head Teacher *(FEA Negotiated Agreement Article 108)* ● rate shall be prorated in accordance with the time each certificated employee is assigned to the building	FEA	● $600 – head teacher ● $600 – each additional full-time FEA member ● $300 – each additional half-time FEA member *(Complete section D)*
Extra Duty Contract (Section E)	**Compensation paid to employees for work:** ● not part of regular duties/job description ● Memorandum of Agreements are not acceptable employee contracts		Amount determined by supervisor / Hiring Manager *(Complete section E)*

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General Information	☐ Certified	☐ Classified	☐ Non-Represented

Employee Name:	***F#:***	***Today's Date*** :
Home School Position:	***Location:***	
Position for event / program - **if different from above**	Location of program/activity - **if different than home school**	
Home School Supervisor	**Event / Program Supervisor**	

Person / Location Responsible for Time Entry	**Phone # and Ext. for questions re: SPA form and Action Entry**	**School Year of Activity**	**Employee Reg / Perm Hours**

SECTION A - Contract Extensions or Extended Programs - *(FPA / FEA / ESSA)*

☐ Contract Extension ☐ PT Employee ☐ FT Employee *Paid @ per diem - See Instruction sheet*	***Dates:***		**# of days per wk**		***Hours / day:***		***Total Hours***	
☐ After School Program ☐ MISC – Extended Day / Summer program *Paid @ B/0 - See Instruction sheet*	***Dates:***		**# of days per wk**		***Hours / day:***		***Total Hours***	
☐ SPED – ESY summer program ☐ GHA / Co-Op Extended program ☐ Job class change for purpose of program i.e. – FEA performing ESSA duties *Paid @ per diem/hourly - See Instruction sheet*	***Account:***							
	3 digit LOC Code i.e. 420 = WVH	***Pay Rate:*** ☐ Per Diem (FEA) ☐ Regular Hourly Rate (ESSA) ☐ B/0 rate (FEA) ☐ Other $_____see instruction sheet or verify with HR						

Purpose – [Identify duty / activity performed] ☐ Start of Year Duties ☐ End of Year Duties

SECTION B - Stipend – Voluntary / Training / Work Move / Set-Up (district-initiated activity or meeting - FEA only)

Purpose: (FEA $15.00 per hour)
☐ Voluntary Meeting
☐ Training Session
☐ Set-up Activity / Work Move (B/0 rate)

☐ *Total hours for a work area move must be authorized and approved by the building administrator.*
☐ *Involuntary transfers approved for a work move, maximum of 7 hours unless verified with HR. Receiving school initiates and authorizes action.*

Purpose:	*Dates:*		*Hours:*	*Amount:* $
	Account:			

SECTION C - Stipend - Leadership Team (FEA only) $1,500 per semester

Dates: ☐ 1st semester ☐ 2nd semester	*Account:*	*Amount:* $

SECTION D - Stipend - Head Teacher (FEA only) **Account is required. Use account field above.**

School Year - Date					
	1 head teacher		X $600.00 =	$ 0	*Total:*
	# of full time teachers		X $600.00 =	$ 0.00	**$**
	# of part time teachers		X $300.00 =	$ 0.00	

SECTION E - Extra Duty Contract - Attach Contract

Purpose:	*Dates:* *Account:*	*Amount:* $

Signatures	**Extra Duty Contract** - Verification of Completion
(Employer and employee agree to the performance of work as described and scheduled for payment thereof as indicated.)	*(This section to be signed upon completion of activity. This extra duty contract has been successfully completed pursuant to the purpose and period covered and payment for services is approved.)*
Employee Signature: *Date:*	*Employee Signature:* *Date:*
Principal/Supervisor Signature: *Date:*	*Principal/Supervisor Signature:* *Date:*