

PAYROLL AUTHORIZATION FOR THE _____ - _____ ACADEMIC YEAR
ADDITIONAL PAY- REQUESTING PRE-APPROVAL (STEP #1)
****Confidential****

DATE: ____/____/____

RECIPIENT NAME / TITLE: _____

REQUESTING AUTHORITY NAME / TITLE: _____

PHONE NUMBER: _____

PURPOSE: _____

Additional pay awarded in the prior fiscal year? Yes No Amount awarded, if known: _____

Additional pay currently budgeted for? Yes No If Yes, total amount budgeted: \$ _____

Budget Account Number: _____ - _____ - _____ Project ID (If applicable): _____

If No, Description of proposed funding:

ANTICIPATED START DATE OF SERVICE: ____/____/____ END DATE OF SERVICE: ____/____/____

ADJUNCT: Acct. #: 01-100-5006

Type of position: Teaching/ Class Coverage Advising/Dorm Duty Coaching Other

DETAILS: _____

Term: Fall Winter Spring

Rate/Class or Rate/Term: \$ _____ Number of Classes: _____ Estimated Hours: _____

Total Adjunct Pay: \$ _____

OTHER COMPENSATION: Acct. # (If different from above): _____

DETAILS: _____

Rate/Hour: \$ _____ Estimated Hours: _____ Estimated Lump Sum: \$ _____

Total number of employees to be awarded (If >1 please provide a listing): _____

Total Other Pay: \$ _____

Requesting Authority Approval: _____ Date: _____

Dept. Head Approval: _____ Date: _____

Human Resources Approval: _____ Date: _____

Business Office Approval: _____ Date: _____

-----FOR PAYROLL OFFICE USE ONLY-----

Date Received: ____/____/____ Ref #(EE First Initial-Last Name- FYXX-X): _____

ADJUNCT ONLY: Lump sum distribution? Yes No If yes, payroll date: ____/____/____

If no, number of pay periods: _____ Pay period effective dates: From ____/____/____ to ____/____/____

Payroll Initials: _____ Date: _____

FORM INSTRUCTIONS- REQUESTING PRE-APPROVAL:

This form should be utilized for pre-approval of all additional pay requests **prior to** an employee performing said duties for the School.

Please complete the form in its entirety and send **two weeks** prior to the stipend recipient performing the work.

Mail the completed form and all relevant support to the Business Office after approval is obtained from the department head. Relevant support includes, but is not limited to the following: email correspondence, justification for chosen pay rate and quantified recalculation of the total amount budgeted.

Intercampus Mailing Instructions: Upper Module Building, Business Office, Attention: Jennifer Shaw or Sarah Simard

You can also email the completed form and support directly to the following e-mailing address:
payroll@nmhschool.org

With the exception of Adjunct pay, this pre-approval form should not be used for requesting payment. Please complete the “Additional Pay- Order for Payment” form for payroll processing once the stipend recipient has performed the work associated with this preapproval request.

If you have any questions, please contact:

Sarah Simard (x3287)

Jennifer Shaw (x3210)

Jeanne Simanski (x3239)

Lynne Raymer (x3217)

PAYROLL AUTHORIZATION FOR THE _____ - _____ ACADEMIC YEAR
ADDITIONAL PAY – ORDER FOR PAYMENT (STEP #2)
****Confidential****

DATE: ____/____/____

RECIPIENT NAME / TITLE: _____

REQUESTING AUTHORITY NAME / TITLE: _____

PHONE NUMBER: _____

PURPOSE: _____

Was additional pay pre-approved? Yes No If Yes, total amount pre-approved: \$ _____

If No, please explain:

Account Number: _____ - _____ - _____ Project ID (If applicable): _____

START DATE OF SERVICE: ____/____/____ END DATE OF SERVICE: ____/____/____

ADJUNCT: Acct. #: 01-100-5006

Type of position: Teaching/ Class Coverage Advising/Dorm Duty Coaching Other

DETAILS: _____

Term: Fall Winter Spring

Rate/Class or Rate/Term: \$ _____ Number of Classes: _____ Estimated Hours: _____

Total Adjunct Pay: \$ _____ <<

OTHER COMPENSATION:

Type of pay: Hourly (Please attach signed timesheet) Lump Sum

DETAILS: _____

Rate/Hour: \$ _____ Total Number of Hours Worked: _____ Lump Sum Amount: \$ _____

Total number of employees to be awarded (If >1, please attach listing): _____

Total Other Pay: \$ _____ <<

Requesting Authority Approval: _____ Date: _____

Dept. Head Approval /Title: _____ Date: _____

Human Resources Approval: _____ Date: _____

Business Office Approval: _____ Date: _____

-----FOR PAYROLL OFFICE USE ONLY-----

Date Received: ____/____/____ Ref #(EE First Initial-Last Name- FYXX-X): _____

Lump sum distribution? Yes No If yes, payroll date: ____/____/____

If no, number of pay periods: _____

Pay period effective dates: From ____/____/____ to ____/____/____

Payroll Initials: _____ Date: _____

FORM INSTRUCTIONS- ORDER FOR PAYMENT:

This form should be utilized to request payment of an additional pay stipend **after** the recipient has performed said duties for the School.

Please complete the form in its entirety and send no later than **10am on the Monday prior to a pay date** for inclusion in the employee's pay check that week. The additional pay will be included in the employees' pay check as taxable earnings after review. Additional time would be needed for processing in the event the additional pay has not been pre-approved or varies significantly from the amount budgeted.

Please mail the completed form and all relevant support to the Business Office after approval is obtained from the department head. Relevant support includes, but is not limited to the following: email correspondence, quantified lump sum or hourly pay rate information and a signed timesheet.

Intercampus Mailing Instructions: Upper Module Building, Business Office, Attention: Jennifer Shaw or Sarah Simard

You can also email the completed form and support directly to the following e-mailing address:
payroll@nmhschool.org.

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