



University of North Dakota

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			al Pay will be attach				uing Ed) Information	on in	
This sec		rent position Temp Staff	Information and is f				☐ Institutional Student	+	
EMPLID#	ıy 🗆 Staff			☐ Workstudy S	luuefil	GTA/GRA/GSA FIRST NAME	☐ Institutional Student	ı	
2									
POSN #		DEPT ID #	DEPT NAME			JOB CODE	STANDARD HOURS WORK	(ED	
			۸D	DITIONAL DA	V				
ADDITIONAL PAY PAYMENT WILL BE PAID OVER CHANGES TO ADDITIONAL PAY									
	One Pay Period	DOVER			ditional Pay Effective				
☐ Multiple Pay Periods				_					
ACTUAL EARNINGS BEGIN DATE			_				122720111		
ACTUAL	EARNINGS BEGIN DA	AIE	ACTUAL EARNINGS END [DATE	ACTUAL H	RS WORKED/WK ON	ADDITIONAL PAY		
PAY PERIOD BEGIN DATE PA			PAY PERIOD END DATE		AMT/PAY PI	RIOD	GOAL AMOUNT		
Check	Earnings Co	de	Description (Ref	er to Instructio	ns for a	more detaile	d explanation)		
Box				eck appropriate					
	HRP	Retro - S	Retro - Salaried Pay - Explain reason for late paperwork in Additional Information.						
	HRO		Retro - Overtime Pay - Explain reason for late paperwork in Additional Information.						
	H04		Faculty Overload (Faculty working/teaching > 100%)						
	H05		Summer Salary						
	H06		Summer School						
	H08		Continuing Ed/Corporate/Distance Ed - With Retirement						
	H09		Continuing Ed/Corporate/Distance Ed - With Retirement Continuing Ed/Corporate/Distance Ed - Without Retirement						
	H17		•	ects - With Retirement					
	H19		Department Chair Compensation						
	H28		Staff Overload (Exempt Staff working/teaching > 100%)						
	H51		Special Projects - No Retirement						
	H60		Awards						
	H64		Acting/Interim Assignment						
	H92		Technology Reimbursement-Txbl						
	Н		Include Earnings Code and explain						
Additional Information									
Funding Information (Please check one box only)									
				Samuelline on Co. 111		-1	Francisco Cl. C.		
	Position Defau	•	☐ Use F	unding Source Id	entified B	elow \square	Funding Change Onl	ly	
FUND COL		DEPT	NAME	PROJECT/GRA	NTS	PROGRAM	ACCOUNT		
						0	5 1		
Account Code #N/A									
Dept. C	ontact Name:			Phone:		E	Box:		
Recomr	nending Officia	l Signature	Dept ID Date	Additional Ap	proving Si	gnature De	ept ID Date	<u>,</u>	
	-	=	•	·	Č				
Approvi	ng Official Signa	ature	Dept ID Date	Reviewing /	Authority		Date)	

Form Date: 3/7/2018