



# ADDITIONAL/REDUCE PAY REQUEST



University of North Dakota

**Job Data Information that Additional Pay will be attached (must be active, not EERC or Continuing Ed) Information in this section is the current position information and is found in HRMS in Job Data.**

Faculty    Staff    Temp Staff    Medical Resident    Workstudy Student    GTA/GRA/GSA    Institutional Student

EMPLID#	EMPL RCD#	LAST NAME	FIRST NAME
POSN #	DEPT ID #	DEPT NAME	JOB CODE      STANDARD HOURS WORKED

### ADDITIONAL PAY

**PAYMENT WILL BE PAID OVER**

- One Pay Period  
 Multiple Pay Periods

**CHANGES TO ADDITIONAL PAY**

- Cancel Additional Pay Effective   
 Funding Change Effective

ACTUAL EARNINGS BEGIN DATE	ACTUAL EARNINGS END DATE	ACTUAL HRS WORKED/WK ON ADDITIONAL PAY
PAY PERIOD BEGIN DATE	PAY PERIOD END DATE	AMT/PAY PERIOD      GOAL AMOUNT

Check Box	Earnings Code	Description (Refer to Instructions for a more detailed explanation) Check appropriate earnings code below
<input type="checkbox"/>	HRP	Retro - Salaried Pay - Explain reason for late paperwork in Additional Information.
<input type="checkbox"/>	H02	Retro - Contract Pay - Explain reason for late paperwork in Additional Information.
<input type="checkbox"/>	HRO	Retro - Overtime Pay - Explain reason for late paperwork in Additional Information.
<input type="checkbox"/>	H04	Faculty Overload (Faculty working/teaching > 100%)
<input type="checkbox"/>	H05	Summer Salary
<input type="checkbox"/>	H06	Summer School
<input type="checkbox"/>	H08	Continuing Ed/Corporate/Distance Ed - With Retirement
<input type="checkbox"/>	H09	Continuing Ed/Corporate/Distance Ed - Without Retirement
<input type="checkbox"/>	H17	Special Projects - With Retirement
<input type="checkbox"/>	H19	Department Chair Compensation
<input type="checkbox"/>	H28	Staff Overload (Exempt Staff working/teaching > 100%)
<input type="checkbox"/>	H51	Special Projects - No Retirement
<input type="checkbox"/>	H60	Awards
<input type="checkbox"/>	H64	Acting/Interim Assignment
<input type="checkbox"/>	H92	Technology Reimbursement-Txbl
<input type="checkbox"/>	H	Include Earnings Code and explain

### Additional Information

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### Funding Information (Please check one box only)

- Use Position Default Funding       Use Funding Source Identified Below       Funding Change Only  
 (Cannot be used for H04 & H28)

FUND CODE	DEPT #	DEPT NAME	PROJECT/GRANTS	PROGRAM	ACCOUNT
				0	5 1

**Account Code** #N/A

Dept. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Box: \_\_\_\_\_

\_\_\_\_\_  
Recommending Official Signature      Dept ID      Date      Additional Approving Signature      Dept ID      Date

\_\_\_\_\_  
Approving Official Signature      Dept ID      Date      Reviewing Authority      Date