

SUPPLEMENTAL PAYMENT REQUEST ' h / > / E ^

Step 1. Identify the type of supplemental payment.

A. Supplemental payment for completing a project or guest speaker

BEFORE employee starts the project, the following must be completed:

- f Written approval from BUM, DE and immediate supervisor;
- f Written approval from HR confirming compensation rate calculation is correct and no conflicts with the employee's union contract
- f Funding must be secured

B. Supplemental payment for taking on "out of title" extra duties for an employee who is on leave

BEFORE employee performs extra duties, the following must be completed:

- f Written approval from BUM, DE and immediate supervisor;
- f Written approval from HR confirming compensation rate calculation ~~BEFORE~~ supplemental payment

- f Written approval from BUM, DE and immediate supervisor;
- f Written approval from HR confirming compensation rate calculation ~~supplemental~~ timeframe, ~~and~~ ~~copy~~ of the employee's employee position in the contract. ~~Please note, qualify for this supplement with the~~   
 al  
 payment;
- f Funding must be secured.

D. Supplemental payment for Grant related work

BEFORE employee starts the project, the following must be completed:

- f Must go through the Office of Sponsored Research and Programs (postaward@stockton.edu)

E. Supplemental payment for teaching a non-credit class or training course

BEFORE employee starts the project, the following must be completed:

- f Approval from BUM, DE and immediate supervisor;
- f Funding must be secured.

F. Supplemental payment for summer institutes and summer orientation (covered by MOA)

- f No preapproval required, ePAF can be submitted (in comment section of ePAF you must note "request # not required due to payment being covered under union negotiated MOA")

G. Supplemental payment for Managers

BEFORE employee starts the project, the following must be completed:

- f* Written approval from BUM, DE, immediate supervisor;
- f* Written *f*

PAY INFORMATION			
Row	Pay Period	Pay Date	Pay Amount
1.	17	08/20/2021	\$ 20
2.	18	09/03/2021	\$ 20
3.	19	09/17 (???)	\$ 20
4.	20	10/01/2021	\$ 20
5.	21	10/15/2021	\$ 20
6.		mm/dd/yyyy	\$
7.		mm/dd/yyyy	\$
8.		mm/dd/yyyy	\$
9.		mm/dd/yyyy	\$
10.		mm/dd/yyyy	\$

D. Attach PDFfile

*f* Upload any backup related to the supplement payment request (ex: HR written approval, job duties, President's written approval).

E. Submit Request

*f* Click