

# ACADEMIC SUPPLEMENTAL PAY

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**UIN:** \_\_\_\_\_

**Budgeted Pin #:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**9/12mo Base Salary:** \_\_\_\_\_

**Department Contact:** \_\_\_\_\_

**Contact Phone Ext.:** \_\_\_\_\_

**Payment for Work that is over and above regular workload or position:**  
 Use this form to process a payment for teaching, preparation or Faculty collaboration that aids or results in a benefit to Instruction, above the employee's (Faculty or Staff's) regular Workload or Position.

**Responsible for Authorization:** Account Responsible Persons, Dept Chairs/ Dept. Head authorizing supplemental pay are responsible for ensuring completion and compliance with relevant rules and regulations or to contact Payroll in the event of a change in the substance of the assignment. For supplemental payments other than overloads, Payroll will e-mail the account responsible person a confirmation of completion of work one week prior to the stated completion date.

**Payment and Processing:** Payment will be made, after completed approval and processing, according to the next scheduled Bi-weekly payroll. Please allow 5 business days after all signatures are received to process the payment.

**Relevant Policies, Rules and Regulations:** The Relevant System policies, System Regulations, University Rules and University Procedures can be found on TAMU-CC, Payroll web site.

**Paying Department to Provide a Contact:** Please provide a contact person that will be able to answer questions about this transaction.

Faculty       Staff

**Paying Department:** \_\_\_\_\_ **Total Payment Requested:** \_\_\_\_\_

**Account # to Charge Payment:** \_\_\_\_\_ **Account Responsible Person:** \_\_\_\_\_

Fall (9/1- 1/5)       January Semester (one payment)       Spring (1/16- 5/31)       Maymester (one payment)

SSI (6/1 - 7/15)       SSII (7/16 - 8/31)       August Semester (one payment)

**Description of Work to be Performed and Current Work Load:**

**\* REQUIRED:** Submit form for approval a minimum of one month **BEFORE THE WORK IS STARTED** for faculty & staff with any portion of his/her salary paid from a grant /contract account.

**1a. Overload due to:**

Large Class \*

Course Load Exceeds Full-time Load or % of Effort \*

2a. Misc. Academic Assignments:	2b. Estimated # of worked hrs:
<input type="checkbox"/> Professional Services (See Reg. 33.99.07) *	_____
<input type="checkbox"/> External Funding ( See Rule 15.01.01. C1) *	_____
<input type="checkbox"/> Thesis Chair *	_____
<input type="checkbox"/> Other: * _____	_____

**1b. For Overloads:**

Course Number: \_\_\_\_\_

Course Name: \_\_\_\_\_

# of SCH's (Semester Credit Hours): \_\_\_\_\_

**2c. Payment Terms:**

Lump Sum       Other: \_\_\_\_\_

**2d.**

Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**PRE-CERTIFICATIONS: Must be Completed prior to work beginning.**

*I hereby certify that the above duties are outside my normal duties and will be performed outside of my normal workday. (Except Large Class Overloads)*

\_\_\_\_\_ \_\_\_\_\_

*Employee Signature* *Date*

*I hereby certify that the additional duties to be performed by the above referenced employee are outside his/her normal work duties and will be performed outside of his/her normal work hours.*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

*Person Responsible for funding this payment* *Date* *Employee's (Payee's) Dean/Department Head* *Date*

**APPROVALS:**

1. _____ Dean Responsible for Supplemental Payment      Date	2. _____ Provost & VP for Academic Affairs      Date
3. _____ Assoc. VP Research & Scholarly Activities (If External Funding)      Date	4. _____ Budget      Date

# Instructions For Academic Supplemental Pay Form

## Employee/Department Information :

**Date** - Date form prepared

**Name**- Name of employee performing services.

**UIN** - If you don't know the UIN, call Human Resources (Ext. 2630) or Payroll (Ext. 3231) for assistance.

**Budgeted PIN** - PIN of employee's full time position - if you don't know contact the Payroll Office for assistance (Ext. 5884)

**Title** - Title of employee's full time position.

**Department** - Employee's full time department.

**9/12 month Base Salary** - If you don't know contact the Payroll Office for assistance (Ext. 5884 / Ext. 2411) .

**Department Contact** - Person that prepares this form.

**Contact Phone Ext.** - Telephone extension of person preparing this form.

**Faculty / Staff** - Check whether the employee is Faculty/Staff in their full time position.

## Account & Payment Information :

**Paying Department** - Name of department paying the supplemental payment.

**Account # to Charge Payment**- Complete account number being charged for this supplemental payment. (**\* Note: If multiple accounts, write: "See comments below". The form allows you to continue typing but once the space is full, it will not print on the form).**

**Total Payment Requested**- Total amount to be paid for the specified activity.

**Account responsible person** - Person responsible for the account paying the supplemental payment.

**Semester/Session** - Check which semester/session the payment is for.

**Description Box** - This section requires the course name and number or a description of the services being performed (services being paid from this supplemental pay form). Also include the course names and numbers that make the current full load for the full time faculty member or the full time position held by a staff member that is teaching a class.

**Payment information - Section 1 :** (**\*Note: If section 1 applies, section 2 does not need to be completed).**

**1a. Overload due to** - Check whether payment is for "Large Class" or due to an Overload (Course Load Exceeds full-time load).

**1b. For Overloads :**

**Course Number**- Course number(s) for the class that brings the employee over 100% (**\*Note: If you list more than one course number sperate them with a ( , ) or ( / ) Example: 10020.00/10021.10 or 10020.00,10021.10,10020.20).**

**Course Name** - Course name for the class that brings the employee over 100%. (**\*Note: If you list more than one course name sperate them with a ( , ) or ( / ) Example: English Lit., Writing Composition or Statistics/Algebra).**

**# of SCH's**- Total number of semester credit hours being taught and paid on this supplemental pay form.

**Payment information - Section 2 :** (**\*Only complete this section if section 1 does not apply).**

**2a. Misc. Academic Assignments** - Check applicable box.

**2b. Estimate # of worked hours** - Estimate number of hours worked to perform the duty that is other than teaching.

**2c. Payment terms** - Check applicable box.

**\*Note: If you check "Other", period or pay dates must be indicated in the space provided. If lump sum is selected, payment will be made on the next available biweekly payroll after the completion date. Payroll will verify by e-mail if work has been completed prior to payment.**

**2d. Start and Estimated Completion Dates** - Applicable dates .

## Certifications & Approvals

**Follow signature and routing procedures**- Failure to obtain all of the required approvals in a timely manner, could significantly delay payment, provided all approvals are granted.

# Academic Supplemental Pay Policy & Procedure

The requests for supplemental pay for academic assignments over 100% effort must be processed on the Academic Supplemental Pay Form. Employees and paying units must comply with all rules and regulations applicable to the particular type of payment. The form and a list of Policies and Procedures are available on the Payroll website. The completion and routing of the Academic Supplemental Pay Form is to be initiated by the paying department. The paying department must provide a contact name on the form to direct questions that may arise, either from the Provost, Budget or Payroll, about the substance of the transaction. Upon receiving Provost approval, please allow 5 days for processing of the form through Budget and Payroll.

## Approval Routing Process:

Approval by the person responsible for funding this payment certifies that funds are available, that the work will be completed as stated, and that the payment is in compliance with applicable rules and regulations. Paying departments are responsible for verifying completion of all work duties assigned or the change must be documented in writing and provided to Payroll.

Except for a payment of an overload due to a large class, the employee to be paid will need to sign the form. This certifies that the work will be provided outside the normal duties assigned and outside of the normal workday.

The academic department chair and the dean in the faculty member's primary employing department or the department head of a staff employee must approve the request (except for large class overloads). This process alerts the primary employing unit that the faculty/staff member will be performing activities outside the scope of the faculty/staff member's normal duties and normal work time. If a faculty/staff member has a heavy workload in the primary employing department, consideration should be given to whether additional activity would negatively impact the primary employing unit.

If payment for the services is from an external funding source as defined in 15.01.01 Administration of Sponsored Programs-Research and Other, the pre-approval of the Associate Vice President for Research and Scholarly Activity, must be obtained before the document is sent to the Provost, Budget and Payroll.

The Provost must approve the request prior to work beginning or the 12th class day for overloads. Failure to obtain all of the required approvals in a timely manner, could significantly delay payment, provided all approvals are granted.

## Administrative Processing:

The Provost will forward approved Academic Supplemental Pay Forms to the Budget Office. The Budget Office will review/encumber the funds and forward to Payroll for processing. Payment will be made according to the published Bi-Weekly payroll schedule after the form has been completely approved and processed. Please allow 5 working days for processing through Budget and Payroll.

## Relevant System Policies, System Regulations, University Rules and University Procedures:

Ethics Policy, TAMUS Employees <http://tamus.edu/offices/policy/policies/pdf/07-01.pdf> Administration Of Sponsored Programs-Research and Other <http://tamus.edu/offices/policy/policies/pdf/15-01-01.pdf>

15.01.01. C1	Externally Funded Grants and Contracts <a href="http://www.tamucc.edu/provost/university_rules/research/150101C1.htm">http://www.tamucc.edu/provost/university_rules/research/150101C1.htm</a>
31.01	Compensation <a href="http://tamus.edu/offices/policy/policies/pdf/31-01.pdf">http://tamus.edu/offices/policy/policies/pdf/31-01.pdf</a>
31.01.01	Compensation Administration <a href="http://www.tamus.edu/offices/policy/policies/pdf/31-01-01.pdf">http://www.tamus.edu/offices/policy/policies/pdf/31-01-01.pdf</a>
31.01.01. C4.01	Procedures for Faculty Supplemental Pay (in process)
31.05.01	Faculty Consulting, External Employment and Conflicts of Interest <a href="http://tamus.edu/offices/policy/policies/pdf/31-05-01.pdf">http://tamus.edu/offices/policy/policies/pdf/31-05-01.pdf</a>
31.05.01. C1	Faculty Consulting, External Professional Employment and Conflicts of Interest <a href="http://www.tamucc.edu/provost/university_rules/compensation/310501C1.html">http://www.tamucc.edu/provost/university_rules/compensation/310501C1.html</a>
33.99.06	Administration of Multiple Employment <a href="http://www.tamus.edu/offices/policy/policies/pdf/33-99-06.pdf">http://www.tamus.edu/offices/policy/policies/pdf/33-99-06.pdf</a>
33.99.07	Internal Faculty Consulting and Professional Services <a href="http://tamus.edu/offices/policy/policies/pdf/33-99-07.pdf">http://tamus.edu/offices/policy/policies/pdf/33-99-07.pdf</a>