

Status:

Additional Pay Form

Date Printed:

EmpID:

Paygroup:

Home Dept. ID:

Name:

Vanderbilt Student

VMG

Initiator:

Phone:

Additional Pay Item 1

Employee Record # Position:

VMG Clinical

Center

Job Code

Amount/Percent

Earning Type

- Administrative Supplement
- Chair Pay
- Lump Sum Payment
- VMG One Time Payment
- Casual Labor
- Graduate Assistantship
- Vacation Payout
- Other: _____

Hours:

Rate:

Start Date:

End Date:

Goal Amount:

Reason:

Total Amount or Percent:

Additional Pay Item 2

Employee Record # Position:

VMG Clinical

Center

Job Code

Amount/Percent

Earning Type

- Administrative Supplement
- Chair Pay
- Lump Sum Payment
- VMG One Time Payment
- Casual Labor
- Graduate Assistantship
- Vacation Payout
- Other: _____

Hours:

Rate:

Start Date:

End Date:

Goal Amount:

Reason:

Total Amount or Percent:

Additional Pay Item 3

Employee Record # Position:

VMG Clinical

Center

Job Code

Amount/Percent

Earning Type

- Administrative Supplement
- Chair Pay
- Lump Sum Payment
- VMG One Time Payment
- Casual Labor
- Graduate Assistantship
- Vacation Payout
- Other: _____

Hours:

Rate:

Start Date:

End Date:

Goal Amount:

Reason:

Total Amount or Percent:

Approval Signatures

Effort Certification (If Required): I certify that I have first hand knowledge of (or have used suitable means of verifying) work performed by this individual and salary distribution prior to the effective date of this change is reasonable in relation to the work performed.

Signature/Date:

Signature/Date:

Effort Signature/Date:

Signature/Date:

HR Routing Information:

DestA: _____

DestB: _____

DestC: _____

Auth: _____