Status: Addit				tional Pay	Form	Date Printed:	
EmpID:		Paygroup:		Home Dept. ID:			
Name:						-	
[Vanderbilt Student VMG		Initiator:		Phone:		
Additional Pay Item 1							
Employee Rec	ord #	Position:		VMG Clinical	Center	Job Code	e Amount/Percent
Earning Type					Genter	300 Code	
Administrative Supplement Casual Labor Ordenate Assistantship							
○ Chair Pay ○ Lump Sum Payment		 ○ Graduate Assistantship ○ Vacation Payout 					
○ VMG One Time Payment		O Other:					
Hours:		Rate:					
Start Date:		End Date:					
Goal Amount:		Reason:				Total Amount or Perc	cent:
Additional Pay Item 2							
Employee Rec	ord #	Position:		VMG Clinical	Oraclas		A
Earning Type					Center	Job Code	Amount/Percent
○ Administrative Supplement ○ Casual Labor							
		-	Assistantship				
○ Lump Sum Payment ○ Vacation Payout ○ VMG One Time Payment ○ Other:		Payout					
Hours:		Rate:					
Start Date:		End Date:					
		Reason:				Total Amount or Porc	pont:
Goal Amount: Reason: Additional Pay Item 3							
Employee Rec		Position:			Center	Job Code	e Amount/Percent
Earning Type	ative Supplement	⊖ Casual La	bor				
⊖ Chair Pay		-	Assistantship				
	m Payment Time Payment	○ Vacation ○ Other:	-				
Hours:		Rate:					
Start Date:		End Date:				1	
Goal Amount:		Reason:				Total Amount or Perc	cent:
Approval Signatures Effort Certification (If Required): I certify that I have first hand knowledge Signature/Date:							
of (or have use	d suitable means of	verifying) wor	k performed by this				
change is rease	salary distribution pronable in relation to	rior to the effec the work perfo	tive date of this rmed.	Signature/Date:			
Effort Signature/Date:				Signature/Date:			
HR Routing In	formation: Des	tA:	DestB:		DestC:	Auth:	