

PERSONNEL ACTION FORM (PAF): ADDITIONAL PAY **STAFF**

Ш	New PAF
	Revised PAF

*Use this form for University (Non-Grant and Overhead) Funded Additional Compensation for Benefited Staff.

Section 1: EMPLOYEE DATA						
1.Employee ID		All approval signatures must be obtained before sending to HR/Payroll for processing. Please check payroll website for processing deadlines. https://www.uml.edu/HR/Payroll-Services/Pay-Schedule.aspx				
2.Employee Name						
3. Job Title			4. Union			
Section 2: Additional Compensation Details						
5. TYPE of ADDITIONAL PAY (Select one)						
ACE –Continuing Studies	☐ DCS -Academic Coordinator Stipend					
ACP -Professional	☐ RTY —Royalty					
6. REASON for ADDITIONAL PAY						
7. Appointment Begin Date	8. Appointment End Date	9. Department Name/Code		10. Combo Code		
				L		
11. Manager Name 12. Manager Signature						
		Manag	ger	Date		
13. Total Commitment Amount						
\$						
14. Additional Appointment Terms or Information (i.e. course numbers, reason for additional pay, etc.):						
Section 3: AUTHORIZATIONS / A	APPROVALS (Related to Funding S	ource)				
Form Initiator	Phone Extension Date	Dean/Director Date		Date		
Department Chair/Manager	Date	Provos	st/Vice Chancellor	Date		
Section 4: PAYROLL OFFICE USE	ONLY		Nui	mber of Pay Periods:		
PAYROLL DATA ENTRY	By (Initials):	_ Da	Biw If A	reekly Rate: \$ pplicable al Retro Amount: \$		