



PERSONNEL ACTION FORM (PAF): ADDITIONAL PAY

FACULTY

New PAF

Revised PAF

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

Section 1: EMPLOYEE DATA

1. Employee ID	<ul style="list-style-type: none"> 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 Faculty Additional Pay Guidelines https://www.uml.edu/docs/Faculty%20additional%20compensation%20guidelines_tcm18-291685.pdf
2. Employee Name	
3. Job Title	4. Union

Section 2: ADDITIONAL COMPENSATION DETAILS

5. TYPE of ADDITIONAL PAY (Select one)

<input type="checkbox"/> ACE – Continuing Studies	<input type="checkbox"/> EOD – Employee of Distinction
<input type="checkbox"/> ACF – Faculty	<input type="checkbox"/> RTY – Royalty
<input type="checkbox"/> DCS – Coordinator Stipend	<input type="checkbox"/> SA1 – Summer Teaching

6. Reason for ADDITIONAL PAY

7. Appointment Begin Date	8. Appointment End Date	9. Department Name/Code	10. Combo Code L
11. Manager or Supervisor's Name		12. Total Commitment Amount \$	

13. Additional Appointment Terms or Information (i.e. course numbers, explanation of additional pay, etc.):

Section 3: AUTHORIZATIONS / APPROVALS

Form Initiator _____ Phone Extension _____ Date _____	Dean/Director _____ Date _____
Department Chair/Manager _____ Date _____	Provost/Vice Chancellor _____ Date _____

Section 4: PAYROLL OFFICE USE ONLY

PAYROLL DATA ENTRY	By (Initials): _____ Date: _____	Number of Pay Periods: _____ Biweekly Rate: \$ _____ <i>If Applicable</i> Total Retro Amount: \$ _____
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