University of Massachusetts Lowell
Learning with Purpose

PERSONNEL ACTION FORM (PAF): ADDITIONAL PAY

FACULTY

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

☐ New PAF

☐ Revised PAF

Section 1: EMPLOYEE DATA

1. Employee ID

2. Employee Name

- 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

3. Job Title

4. Union

Section 2: ADDITIONAL COMPENSATION DETAILS

5. TYPE of ADDITIONAL PAY (Select one)

☐ **ACE** – Continuing Studies

☐ **ACF** – Faculty

☐ **DCS** – Coordinator Stipend

☐ **EOD** – Employee of Distinction

☐ **RTY** – Royalty

☐ **SA1** – Summer Teaching

6. Reason for ADDITIONAL PAY

Choose one

7. Appointment Begin Date

8. Appointment End Date

9. Department Name/Code

10. Combo Code

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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

_____
Department Chair/Manager Date

_____
Dean/Director Date

_____
Provost/Vice Chancellor Date

Section 4: PAYROLL OFFICE USE ONLY

PAYROLL DATA ENTRY **By (Initials):**_____ **Date:** _____

Number of Pay Periods: _____

Biweekly Rate: $_____

If Applicable
Total Retro Amount: $_____