



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

**STAFF**

New PAF

Revised PAF

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

**Section 1: EMPLOYEE DATA**

<u>1. Employee ID</u>	<ul style="list-style-type: none"> <li>All approval signatures must be obtained before sending to HR/Payroll for processing.</li> <li>Please check payroll website for processing deadlines. <a href="https://www.uml.edu/HR/Payroll-Services/Pay-Schedule.aspx">https://www.uml.edu/HR/Payroll-Services/Pay-Schedule.aspx</a></li> </ul>
<u>2. Employee Name</u>	
<u>3. Job Title</u>	<u>4. Union</u>

**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**

<u>7. Appointment Begin Date</u>	<u>8. Appointment End Date</u>	<u>9. Department Name/Code</u>	<u>10. Combo Code</u>  L
----------------------------------	--------------------------------	--------------------------------	--------------------------------

<u>11. Manager Name</u>	<u>12. Manager Signature</u>
	_____
	Manager <span style="float: right;">Date</span>

**13. Total Commitment Amount**

\$ \_\_\_\_\_

**14. Additional Appointment Terms or Information** (i.e. course numbers, reason for additional pay, etc.):

**Section 3: AUTHORIZATIONS / APPROVALS (Related to Funding Source)**

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

**Section 4: PAYROLL OFFICE USE ONLY**

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

