

Bloomsburg University of Pennsylvania

Other Compensation Form

(For Internal Use Only)

Dual Employment (non-teaching, non-credit)

Grant-Funded/Sponsored Activities (non-teaching, non-credit)

Section 1: Employee Information-- MUST be completed before employment start date

Name: Payroll ID #:

Position Classification Title:

Department:

Retirement type: University (if Other than MU):

Description of Dual Employment Responsibilities/Duties:

Date of Dual Employment: Begin: End:
(Time period when services will take place (ie.. Thursdays from 7:00-8:00 p.m for 4 weeks starting Jan 4, 2020 and ending February 14, 2020))

Grant Period (ONLY if Grant funded) Begin: End:

I certify that the dual employment activities will not interfere with the employee's primary duties and responsibilities.

Employee Signature _____

Date _____

Signature of Chair/Supervisor _____

Date _____

Signature of Grant Project Director
(if different than employee and only if grant funded)

Date _____

Section 2: To Be Completed by Dual Employer (Section 1 must be completed prior to Dual Employment authorization below)

Hours Per Week Worked (if applicable):

Total Hours To Be Worked (if applicable):

Hourly Rate (If applicable):

Base /Gross Wage (Excluding taxes/benefits):

Benefits (SS, Medicare, and Retirement):

Total Payroll Expense: (Total amount to be charged to fund center)

Percentage From Listing:

SAP Fund Center to be Paid From :

For correct benefit rate calculation, select the proper "Retirement Type" in the field in the 1st section of the form.

Payment Dates (if applicable) _____
(Dates of employment from above will be used unless otherwise noted)

Authorizing Signature (Director of Grants, if payment from grant) _____

Date _____

Signature of Dean/Vice President _____

Date _____

Signature of Provost _____

Date _____

Administrative Review

Signature of Human Resources Representative _____

Date _____

Signature of Grant Accountant (ONLY required if grant funded) _____

Date _____

Signature of Payroll Officer _____

*****PLEASE SEE GUIDELINES FOR ROUTING INSTRUCTIONS*****

A copy of this form will be forwarded to the Employee's Department as well as the Grant Accountant (if applicable).

***PLEASE NOTE: It will be the Authorizing Official or Department's responsibility to notify payroll if work as not be completed as stated above.

**Mansfield University
Other Compensation Form Guidelines**

Below are guidelines to assist you in completing and submitting Other Compensation requests.

What are Dual Employment/Grant-Funded Sponsored Activity Compensation payments?

Dual Employment payments are payments for work performed outside the employee's normally assigned duties, department, and/or work schedule. Grant-Funded/Sponsored Activity payments are payments for training, research, or service activities managed by the University and supported by external funding.

Completing the form

Section 1 : Employee Information

1. The Authorizing Official or Department should obtain the form from the website and complete the following information :
Name, Payroll ID# (Please DO NOT enter Social Security Number), Position Classification Title, Department, Retirement Type, University (if other than MU) , Description of other compensation responsibilities/duties, and Date of other compensation activities.
2. The Authorizing Official or Department will send to the Employee to sign the form electronically and send via e-mail per the routing instructions listed below.

To be Completed by Dual Employer: (Individual authorizing payment or If grants/sponsored activity related- Director of Grants)

1. The Dual Employer/Grants Director should enter the Hours Per Week Worked, Total Hours To Be Worked, and Hourly Rate-- if applicable.
2. The Dual Employer/Grants Director should enter the Base/Gross Wage amount. (This is the amount of pay excluding Social Security, Medicare, and Retirement benefits)
3. Enter the benefit percentage in decimal point form in the Percentage From Listing listed in Section 1 of the form.
4. The Benefits will calculate from data entered in #2 and #3 above.
5. The total payroll expense amount will calculate itself. Please note, this is the total personnel charge that will be expensed to the SAP fund center covering the other compensation payment.
6. Please enter the SAP fund center to which the other compensation is to be charged.
7. Please enter dates the other compensation is to be paid. If left blank, payments will be made bi-weekly over the dates of the other compensation listed in section 1.
8. Approve payment by signing electronically as the authorizing signature and send via e-mail per the routing instructions listed below.

Routing of Form:

All forms should be signed with an electronic signature and forwarded via e-mail.

Non - Restricted Funds

Authorizing Official → Employee Signature → Home Fund Center Chair Signature →
Authorizing Signature → Home Fund Center Dean/ V-P Signature → Provost's Signature →
Director Of Human Resources Signature → Payroll Officer Signature (Please send to Karen Hicks)

Restricted Funds (Grant/Sponsored Activity Funds)-*Please CC Grant Accountant and Grants Director at all steps*****

Authorizing Official → Employee Signature → Home Fund Center Chair Signature →
Grant Project Director Signature (if different than employee) → Authorizing Signature →
Home Fund Center Dean/V-P Signature → Provost's Signature → Director of Human Resources Signature →
Grant Accountant Signature → Payroll Officer Signature (Please send to Karen Hicks)

Copy of Signed Forms

The Payroll Officer will forward a copy of the signed form to the Employee's Department as well as the Grant Accountant (if applicable)