



Use this form to request additional payments (such as a bonus, consulting, late reimbursement) for Harvard paid employees. The payment will be added to the employee's next regular paycheck.

Please note:

- ✓ If the payment is a **travel or non-travel reimbursement** this form must first be sent to the HMS Office of Finance for approval signature. Contact jonathan_knight@hms.harvard.edu with questions.
- ✓ If the payment is to **compensate another department's employee** for additional work performed for your department you must obtain the signature of the home department.

Employee Name:	HU ID#:	Empl Rec #
Employee's <u>Home</u> HR Department:	Job Code/Title	
Earnings Code: _____ Use the Earning Code document on ABLE to choose the correct code: http://able.harvard.edu/hr-common/earning-codes.pdf	Reason or Business Purpose:	
Pay Date if different than next paycheck _____	TOTAL Payment Amount if split coded \$ _____	

If this payment is to be charged to more than one costing line the total amount must be prorated in dollars for each line of costing. Use additional forms as needed for more costing.

Amount \$ _____				<input type="checkbox"/> Yes, GROSS this up		
Tub	Fin Org	Object Cd	Fund	Activity	Sub Act.	Root
		Defaults from Earnings Code Can't enter				
Amount \$ _____				<input type="checkbox"/> Yes, GROSS this up		
Tub	Fin Org	Object Cd	Fund	Activity	Sub Act.	Root
		Defaults from Earnings Cod Can't enter e				
Amount \$ _____				<input type="checkbox"/> Yes, GROSS this up		
Tub	Fin Org	Object Cd	Fund	Activity	Sub Act.	Root
		Defaults from Earnings Code Can't enter				

Department Authorized Signature _____	Title _____	Date _____
Employee's Department Signature (if applicable) _____	Title _____	Date _____
HMS HR Consultant Approval: _____		
For travel or non-travel related reimbursements :		
<i>I certify that these are legitimate HU business expenses:</i> _____		
Reimbursee Signature & Date		
Approved by HMS Finance: _____		