ADDITIONAL PAY FORM: REQUEST FOR ONE TIME OR RECURRING PAYMENT TO HARVARD EMPLOYEE

This form may be used to request a payment or create a record of additional income to a Harvard University Employee when the requestor does not directly access PeopleSoft forms. The income may be a one-time or recurring payment or may be in the form of a gift or payments to another entity on the employee's behalf. Contact the Employee's School/Tub level Human Resources, Payroll, or Finance Office for instructions on how to complete and submit this form. Please type or print legibly.

EMPLOYEE INFORMATION

HUID [   ] **FIRST NAME** [   ] **LAST NAME** [   ]

JOB CODE [   ] **DEPTARTMENT NAME** [   ]

If the employee has more than one job at Harvard, provide the information for the position to which the payment(s) best relates.

ADDITONAL PAY

DETAILED BUSINESS PURPOSE (attach supporting documents if needed)

[   ]

EARNINGS CODE * [   ] **SPECIAL PAYMENT INSTRUCTION** [   ] Use to enter NO CHECK REQUIRED* or off-cycle payment date

PAYMENT FREQUENCY ○ One-Time ○ Recurring **END DATE** [   ] If Recurring

EARNINGS AMOUNT [   ] Total for One-Time Payment or Amount to distribute each pay period **GOAL AMOUNT** [   ] If Recurring

GROSS UP [ ] option only for One-Time Payments and only when policy allows

* **Complete page 2 for EARNINGS CODEs GTP, GTX, MOV, MV3, MVI, MVN related to Employee Gifts and Moving & Recruiting Expenses to be paid directly to a 3rd Party (a vendor or other employee).**
* **Complete page 2 for explanation of NO CHECK REQUIRED (including LRB Add Pays related to Corporate Card Payments).**

COSTING DATA

TUB	ORG	OBJECT	FUND	ACTIVITY	SUB	ROOT	AMOUNT
[ ]	[ ]		[ ]	[ ]	[ ]	[ ]	[ ]

Additional distribution if needed. All rows combined must total EARNINGS AMOUNT (attach additional pages when costing to four or more accounts)

TUB2	ORG2	OBJECT	FUND2	ACTIVITY2	SUB2	ROOT2	AMOUNT
[ ]	[ ]		[ ]	[ ]	[ ]	[ ]	[ ]
TUB3	**ORG3**	**OBJECT**	**FUND3**	**ACTIVITY3**	**SUB3**	**ROOT3**	**AMOUNT**
[ ]	[ ]		[ ]	[ ]	[ ]	[ ]	[ ]

AUTHORIZATIONS

PREPARER NAME & PHONE # [   ]

_____
Department/Local Authorization for Costing Data (print, sign, and date)

_____
Additional Department/Local Authorization if Required by School/Tub Guidelines (print, sign, and date)

_____
School/Tub Authorization (print, sign, and date)

ADDITIONAL PAY FORM: REQUEST FOR PAYMENT TO HARVARD EMPLOYEE totalling _____ (continued)

HUID [ ]   **FIRST NAME** [ ]   **LAST NAME** [ ]

To understand the requirements and tax implications for recording gifts, relocation expenses, and late reimbursements, please see the University Financial Policies --Travel Policy, Business Expense Reimbursements Policy, and Employee Gifts and Celebratory Events Policy in particular --at http://policies.fad.harvard.edu/pages/policies as well as the University Tax Service Guidance--Moving, Recruiting, and Related Expenses in particular at http://oc.finance.harvard.edu/services/taxes.

NO CHECK REQUIRED

PLEASE COMPLETE THIS SECTION IF A PAYMENT HAS ALREADY OCCURRED OR INCOME WILL BE RECEIVED BY OTHER MEANS. This might have been payment to an outside entity or to another employee who made a purchase on behalf of employee named on this form, or payment to employee named on this form prior to his/her start date. Please identify the payee and how payment was made (pCard, Corporate Card, Payment Request#, etc.)? Also enter **NO CHECK REQUIRED** in the SPECIAL PAYMENT INSTRUCTION field on page 1 and provide supporting documentation.

[ ]

PAY TO (consult local HR or AP for preferred alternative methods)

Payment can be made directly to an outside 3rd party or another Harvard Employee while the income record of that payment is associated with the employee named on this Additional Pay request. Please provide information below to process a payment.

EXTERNAL 3RD PARTY DETAILS (complete as fully as possible)

Name [ ]

Address1 [ ]

Address2 [ ]

Address3 [ ]

City [ ]   State [ ]   Zip Code [ ]

Country [ ]

TIN/EIN# [ ]

OR

HARVARD EMPLOYEE 3RD PARTY DETAILS (complete as fully as possible)

HUID [ ]

First Name [ ]   Last Name [ ]

Address1 [ ]

Address2 [ ]

Address3 [ ]

City [ ]   State [ ]   Zip Code [ ]

PREPARER: Complete page 1 (and page 2 if required) of this form to the best of your ability and consult with your local HR/Payroll expert as needed. Submit to Department/Local Authorizing Signer along with all appropriate supporting documentation.

LOCAL AUTHORIZED SIGNER: Upon your review and signature, submit this form and supporting documentation in accordance with your School/Tub procedures. School Offices/Specialists that might assist would be Human Resources, Payroll, Finance, or Disbursements.