|  |  |
| --- | --- |
| C:\Documents and Settings\sharkins\Local Settings\Temporary Internet Files\Content.Outlook\5M52DODR\UM mark (2).jpg | **FACULTY SUPPLEMENTAL COMPENSATION REQUEST**  **EMPL CLASS 01, 02, 03, and 15**  **SEND FORM APPROVED BY EMPLOYEE, HOME, AND PAYING DEPARTMENTS TO HR COMPENSATION FOR FINAL REVIEW INCLUDE ANY RELEVANT DOCUMENTATION FOR REVIEW**  **FULLY APPROVED CONTRACTS SHOULD BE SENT ALONG WITH SIGNED PAYROLL ADJUSTMENT FORM TO PAYROLL** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Information:** | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | Employee ID# |  | | | Annual Salary: | |  | | Pay Group: | | |  |
| Title: |  | | | | | | | | | Full-Time  Part-Time  FTE=      % | | | | | | | |
| **Paying Department Information:** | | | | | | | | | | | | | | | | | |
| School: |  | | | | Department/Division Name: | | |  | | | | | Dept. Code: | | |  | |
| Department Contact: | | |  | | | | | | Contact Phone: | |  | | | | | | |
| **Home Department Information:** (If different than Paying Department)**:** | | | | | | | | | | | | | | | | | |
| School: |  | | | Department/Division Name: | | | |  | | | | | Dept. Code: | |  | | |
| Department Contact: | |  | | | | | | | Contact Phone: | |  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Request Type: Check Applicable Earnings Code** | | | | |
| EARNINGS CODE - Choose an item.*\** **See Earnings Code chart** | | | *Work should not be performed until dept. receives fully approved form.* | |
| **START DATE**: |  | | **END DATE:** |  |
| **\*Pre-approval required for professional consulting (for non-grant consulting only), any lump sum grant other than MHEC, secondary staff employment or secondary adjunct appointment; this form should be submitted to President/Designee for pre-approval before work begins.** | | | | |
|  | | | | |
| **Increased Responsibilities:** | | | | |
| Provide a brief explanation describing the nature of the academic or administrative assignment to include duties, responsibilities, and purpose of the work to  be performed and work location. Include relevant details required by policy for the type of payment being requested. Additional documentation may be  provided if further space is needed. | | | | |
| Single task to be paid one-time lump sum | | Task to be performed and paid overtime (one year maximum) | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Information (If more than 4 sources, please attach schedule of payments)** | | | |
| Total Payment Amount: $ | | | Payment amounts are based on daily rate. |
| **Pay Period End Date:** | **Amount:** | **Funding Source:** | **Project ID or SOAPF #:** |
|  |  | State  Grant Other |  |
|  |  | State  Grant Other |  |
|  |  | State  Grant Other |  |
|  |  | State  Grant Other |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Required Approvals: Forms submitted 60+ days from date the work is performed should include a detailed explanation for the cause of the delay. | | | | | |
| By signing in the designated areas below, I am verifying this request is in accordance with **the designated policies listed above and in compliance with effort**  **Reporting requirements.** | | | | | |
| Faculty Signature: |  | Printed  Name: |  | Date: |  |
| Paying Department Authorized Signature: |  | Printed  Name: |  | Date: |  |
| Paying Department Dean/VP Signature: |  | Printed  Name: |  | Date: |  |
| Home Department Authorized Signature:  (if different from Paying Dept) |  | Printed  Name: |  | Date: |  |
| Home Department Dean/VP Signature:  (if different from Paying Dept) |  | Printed  Name: |  | Date: |  |
| HR Compensation Signature: |  | Printed  Name: |  | Date: |  |
| VP for Finance and Auxiliary Services  and Deputy CFO Signature\*: |  | Printed  Name: |  | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EARNINGS CODE (SUPPLEMENTAL PAY CODE) CHART** | | | | |
| **Supplemental Pay** | **Supplemental Pay Code** | **Supplemental Pay Definition** | **Employee Class** | **Final Approval** |
| Continuing Education | **CED** | Faculty are often called upon to teach continuing education courses. These courses are not considered as your typical academic course. | Faculty | Compensation |
| Teaching Overload | **TOV** | Faculty who maintains a course schedule in excess of defined expectations. Typically, the utilization is when enrollment exceeds the faculty instructional requirements that were anticipated for the semester. **For instructional faculty members.** | Faculty | Compensation |
| Clinical Overload | **CPP** | Clinical overload payments are due when a UMB faculty covers a clinical shift for a non-UMB entity, such as UMMC. | Faculty | Compensation |
| Lump Sum Grant | **GLS** | MHEC grants give faculty the option of being paid in a lump sum for certain research or allow grant money to supplemental faculty pay. | Faculty | Compensation |
| Summer Work | **SUM** | Faculty who works nine or ten months a year. Faculty will perform work during summer months and is typically related to research.  **Nine- or ten-month faculty only.** | Faculty | VP for Finance and Auxiliary Services and Deputy CFO |
| Honorarium | **HON** | A nominal payment for some type of lecture or service performed that is outside of normal faculty duties but requires a significant amount of time. | Faculty | VP for Finance and Auxiliary Services and Deputy CFO |
| Secondary Employment Affiliate | **SEA** | Faculty who teaches a credited course outside of their defined faculty expectations.  **For non-instructional faculty members**. | Faculty | VP for Finance and Auxiliary Services and Deputy CFO |
| Faculty Administrative Work | **FAW** | Faculty who assumes administrative duties performed outside of normal working duties, such as chairing a committee, such as the IRB, that meets regularly and consumes a significant amount of time. | Faculty | VP for Finance and Auxiliary Services and Deputy CFO |
| Professional Consulting | **CON** | Faculty who provides their expertise to a project or task that is outside of their defined faculty expectations. The expertise should be academic in nature and gives promise of enhancing professional standing or contributes to the fulfillment of the mission of UMB. | Faculty | VP for Finance and Auxiliary Services and Deputy CFO |
| Secondary Staff Employment | **SEC** | Faculty or staff who perform staff duties outside of their normal working hours and home department. | Faculty or Staff | VP for Finance and Auxiliary Services and Deputy CFO |
| Secondary Faculty Employment | **SEJ** | Staff employees who perform faculty duties, such as teaching a credited or continuing education course, outside of their normal working hours. | Staff | VP for Finance and Auxiliary Services and Deputy CFO |
| School of Medicine Incentive Plan | **IPP** | Faculty within the School of Medicine who participate in the SOM Faculty Incentive Plan. Paid in a lump sum. | Faculty (SOM only) | VP for Finance and Auxiliary Services and Deputy CFO |