Additional Pay Form



rorm					Human Re	esource Services	
€ New CC				Date:			
General Information							
Employee ID:	x 1		Employee Name:	(I ast First Nam	e or Initial, Middle Name or Ini	tial)	
Employee ID.		1	5 50	180	o or milar, mode reams or mi		
			Suttenfield,Nand	у			
Primary Department:	OA0000	0: Fin	ance & Faci	lities			
Compensation Information	tion						
Reason for Additional	ADA: A	: ADMINISTRATIVE ADJUSTMENT					
Compensation: Effective Start Date:	1		Effective End Date:				
11/01/2013				03/31/201			
Salaried Employees							
HR Account	Code		Pay Period A	Amt/Earnings	Goal/Total Amount		
1.				0.00	\$1,840.00		
			Ψ02	0.00		¥ 1,0 10.00	
2.						***************************************	
3.					***		
Hourly Employees							
HR Account	Code		Hours	Hourly Rate	Tota	1	
	. 0000		Hours	Tiouriy Itale		i	
1.				1			
2.						ander mante de aver	
3.							
Funding Information							
Business Unit:			Compe	nsatory Departme	nt:		
AFFIL: AFFILIATES			OA00000: Finance & Facilities				
AFFID. AFFIDIALIS			<u> </u>		00 4 100111-0100		
Comments / Justification	on						
Authorization:	<u> </u>	0	1 1	121 01	2 M /	- California - Cal	
Additional pay for increased	t duties	米人	etro 11/1 -	15/15 Tol	off cycle		
12/31/13			1 12/	AAAAA	[] 0		
10 806		* Id	/16-12/3	1 Added	to paycheet		
f , j		* 1	1 1/-	100	, 17		
		7 1	1 /15				
Authorization							
Fund Advisor	Date 1	College/Di	vision	Date	Primary Department	Date	
Compensatory Department	Date	Office of th	e Provost / Vice Pro	esident Date	Graduate School	Date 1	
Grants Fiscal Administrator	Date			Date	Operating Staff Services	Date	
	1						
				2/14/	. \		
Human Resource Servi Earnings:	ices Use \$920.	nn		N Chick			
Goal Amount:	\$1,840.			0			

Additional Pay Form



FNew CC	Change		Date:					
General Information		1						
Employee ID:		Employee Na	Employee Name: (Last, First Name or Initial, Middle Name or Initial)					
			Suttenfield, Nancy					
Primary Department:	CPA00		inance & Facilities					
Compensation Informa	ition							
Reason for Additional Compensation:	ADA:	ADMINISTRATIVE	ADJUSIMENT					
Effective Start Date:			Effective End Dat	e:				
04/01/2014			06/30/2014					
								
Salaried Employees	4 Codo	Pay Paris	d Amt/Engnings	Goal/Total Am	ount			
HR Accoun	r code		d Amt/Earnings	Goal/Total Amount				
1,			\$920.00	\$5,520.00				
2.	Company of the same							
3.					***************************************			
		1						
Hourly Employees HR Accoun	t Codo	Hours	Hourly Rate	Total	***************************************			
	Code	Hours	Hourly Kate	Total	***************************************			
1,								
2.				<u> </u>				
3.								
F								
Funding Information Business Unit:	de la	ICon	npensatory Departme	ent.				
AFFIL: AFFILIATES	······	그॥ 역	ADOOOO: Einar	ce & Facilities	<u> </u>			
Comments / Justification	On							
Authorization:	VII				and the second s			
Duties as CFO								
		^		(\$ 184D)				
		$\left(\right)$	-1 -1 1	1 4 18401				
		nutro s	115/14					
		¥		10920				
	VALUE OF THE PARTY							
Authorization		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Fund Advisor	Date 1	College/Division	Date	Primary Department	Date I			
Compensatory Department	Date	Office of the Provost / Vide	President Date	Graduate School	Date			
Grants Fiscal Administrator	Date		Date	Operating Staff Services	Date			
		As As a second section of the	14/28/14					
					or committee and a			
Human Resource Servi	ces Use	Only	550.00 Exercise 50 50 50 50 50 50 50 50 50 50 50 50 50	***	ADMINISTRAÇÃO DE SENTINO DE COMPANSA DE CO			

N O T

\$920.00

\$0.00

\$5,520.00

Earnings:

Goal Amount: Hours:

Additional Pay Form



C New	`			1419	uman Resource Services	
11644 10	Change		Date:			
General Information		Serving Co.				
Employee ID:		Employee Na	me: // est first			
	I.	Employee Name: (Last, First Name or Initial, Middle Name or Initial) Suttenfield, Nancy				
Primary Department:	OA00000:	Div of Finan				
			7			
Compensation Informa Reason for Additional	tion					
Compensation:	ADA: ADMI	NISTRATIVE A	DJUSTMENT			
Effective Start Date:			Effective End D	Inter		
07/01/2014			12/31/2014	rate.		
C-1-1-15 .			12/3/1/2014			
Salaried Employees HR Account						
1.	Code	Pay Period	l Amt/Earnings	Goal/Total Amount		
	TO A TO MAKE	\$5	920.00		\$11,040.00	
2.			NUMBER OF STREET			
3.						
Hourly Employees		_				
HR Account	Code	Hours	Manush D. 4			
1.			Hourly Rate	P T	otal	
2.						
3.						
0.]						
Funding Information						
Business Unit:		Compr	ensatory Departm	ent:		
AFFIL: AFFILIATES	Transmission of the last of th					
			TTTO. DIV	r Finance		
Comments / Justification	ı	1			5	
Authorization: Additional pay per President I) also					
realization pay per Fresiderit i	baker				1	
uthorization		1				
and Advisor	Date College/I	Division	Date	Primary Department	Date	
ompensatory Department	Date Office of	the Provost / Vice Pre				
	omice of	ne Flavosi / Vice Pre	sident Date	Graduate School	Date	
ants Fiscal Administrator	Date I	400	Date	Operating Staff Services	Date	
	1		8/23/14		Date	
uman Resource Service:		1	, - 1			
Earnings: Goal Amount:	\$920.00	N				
Hours:	\$11,040.00 \$0.00	0				
Total Hour Amount:	\$0.00	E S				