## Additional Pay Form



€ New CCh	ange					Date:			
Conceel Info		<del>'</del>							
General Information Employee ID:			Employee Name:	(Last F	irst Name	e or Initial, Middle Name or Initial)			
Employee ib.		- 1		8 (8)	i ot main	o or minday mindade manner at minday			
			Suttenfield,Nanc						
Primary Department:	OA0000	00: Fin	ance & Faci	lities			<u></u>		
Composition Informati	<u> </u>								
Compensation Informati Reason for Additional		1							
Compensation:	ADA: A	ADMINIS	TRATIVE ADJ				<u> </u>		
Effective Start Date:		E	ffective Er	nd Date	:				
11/01/2013			0	3/31/201	<u>}</u>				
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Salaried Employees HR Account	Code		Pay Period A	mt/Farni	inas	Goal/Total Amo	ount		
			Pay Period Amt/Earnings \$920.00			\$1,840.00			
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Hourly Employees									
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				1			William Street Street Street		
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Funding Information									
Business Unit:			Compe	nsatory De	partme	nt:			
AFFIL: AFFILIATES			A00000: Finance & Facilities						
Arris. Arristano			<u> </u>						
Comments / Justificatio	n								
Authorization:	**	.60	1 .1/.	101	01	AM and			
Additional pay for increased	duties	米ト	etro 11/1 -	1 -115	rol	off cycle			
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1		1		1					
Compensatory Department	Date	Office of the	ne Provost / Vice Pre	esident	Date	Graduate School	Date		
Compensatory Department  Grants Fiscal Administrator	Date	Office of the	ne Provost / Vice Pre	- 1/2	Date Date	Graduate School Operating Staff Services	Date Date		
		Office of the	ne Provost / Vice Pre	- 1/2	3				
Grants Fiscal Administrator	Date	Office of the	ne Provost / Vice Pre	- 1/2	3				
Grants Fiscal Administrator  Human Resource Service	Date			- 1/2	3				
Grants Fiscal Administrator	Date ces Use \$920 \$1,840	.00		A C	3				

## Additional Pay Form



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General Information		1						
Employee ID:		Employe	e Name:	(Last, First Nar.	ne or Initial, Middle Name or Initial)			
	Suttenfie	Suttenfield,Nancy						
Primary Department:	CIACOO	000: Finance (	• Facili	ties		*		
Compensation Informa	tion							
Reason for Additional	Y	ADMINISTRATIO	VE ADJUS	IMENT		•		
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Salaried Employees								
HR Account	Code	Pay P	eriod Amt	/Earnings	Goal/Total Amount			
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Funding Information								
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AFFIL: AFFILIATES		三	CIA0000	00: Finan	ce & Facilities			
Comments / Justification	20	1						
Authorization:	<u> </u>					<u> </u>		
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<del></del>					-0 170			
Authorization								
Fund Advisor	Date	College/Division		Date 	Primary Department	Date 		
Compensatory Department	Date I	Office of the Provost	Vice Presider	nt Date	Graduate School	Date		
Grants Fiscal Administrator	Date			Clocke	Operating Staff Services	Date		
	<u> </u>			170119				
Human Resource Servi								
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Total Hour Amount:	\$1	0.00	s					

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## Additional Pay Form

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C New 6	Chang	je					Date:	nan Resoui	rce Services
General Information	- 2015 SH-0-1								
Employee ID:	AL ALL								
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			Sutten	field,Nan	су				
Primary Department:	OAO	0000: Di	v of	Finance	•				
Compensation Informa	tion	14, 2	1	-					
Reason for Additional	2		<u> </u>						
Compensation:	ADA	: ADMINIS	STRAT	IVE ADJ	USTMENT			-	
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unding Information	Service Co.	Maria Williams							
usiness Unit:	Kalla Tabul K	Complete and the second							
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dditional pay per President E	laker								
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nd Advisor	Date	College/Divisi	on		Date	Primary Dep	partment		Date
npensatory Department	Date	Office of the B	rough ()	For Device					Juic
		omoc or trie r	Provost / Vice President		nt Date	Graduate School		Date	
nts Fiscal Administrator	Date	I			Date	Operating St	aff Services		
					8/23/14	1	VOI VIUES	1	Date
man Resource Services	Use O	nlv	The second of		7				
Earnings:	\$920.	00		N					· · · · · · · · · · · · · · · · · · ·
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Total Hour Amount:	\$0.0			E					
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