



# SUPPLEMENTAL PAY

## Personnel Action Form

Prepared by:	
Phone:	Date:

<b>Effective Date:</b>		<b>Employee ID#</b>		<input type="checkbox"/> Faculty/Postdoc/Resident/ Research Associate
<b>Name:</b> (Last, First, MI)				<input type="checkbox"/> Staff/Temp/POI/Student
<b>Title:</b>		<b>Department:</b>		

<b>Pay Frequency:</b>	<input type="checkbox"/> Multiple Pay Periods <input type="checkbox"/> One payment <input type="checkbox"/> Gross Up (for one payment only)		
<b>Pay Period Amount:</b>		<b>Total Amount to Pay:</b>	
<i>Federal tax rate applied in accordance with current IRS regulations for payment of supplemental wages.</i>			

Descriptions	
<i>Please use one PAF per supplement</i>	
219 <input type="checkbox"/> Faculty Earnings	301 <input type="checkbox"/> Vet Incentive
303 <input type="checkbox"/> Dental Faculty Practice (Prior Fiscal Year)	304 <input type="checkbox"/> Production Incentive
308 <input type="checkbox"/> Summer Supplemental	309 <input type="checkbox"/> Teaching Supplemental
311 <input type="checkbox"/> Exams Supplemental	312 <input type="checkbox"/> Liebner Award
313 <input type="checkbox"/> Chair Stipend	318 <input type="checkbox"/> Recognition Award
319 <input type="checkbox"/> Other:	320 <input type="checkbox"/> Student Supplement
322 <input type="checkbox"/> Police Detail	330 <input type="checkbox"/> Dental Continuing Education
351 <input type="checkbox"/> Faculty Award/Incentive	399 <input type="checkbox"/> Dental Faculty Practice
305 <input type="checkbox"/> Referral Bonus	325 <input type="checkbox"/> Hiring Bonus
@WORK Lump Sum Award*	
302 <input type="checkbox"/> Extraordinary Effort	302 <input type="checkbox"/> Innovation/Cost Savings
302 <input type="checkbox"/> Special Project/Event	302 <input type="checkbox"/> Other:
302 <input type="checkbox"/> Customer Service	
<b>*Briefly document reasons for the selected @WORK award or attach related memo/e-mail:</b>	

ACCOUNT INFORMATION (must list both Dollar Amount and Percent)				REMARKS:
DeptID	Project/Grant	Dollar Amt	Percent	
Total:			%	

Department Approval

Date

Faculty Affairs Approval

Date

Revised: 8/16/2016

Please save this PDF form and email to your school/division's authorized PAF submitter

Follow the standard naming convention for the email subject line:  
PAF form type: last name, first name or school/department name(for bulk requests)