

Employee Information

First Name M.I. Last Name Employee ID
 Home Dept Date Work Completed

Position and Pay Information

Total Amount Remarks

For One Time Payments, please answer the following questions about this payment:

Reason for Payment

Date(s) Work Performed

Please attach
backup information
to this form.

Rate Justification

Direct Supervisor for Work Performed

Extension

Proposed Position Funding

Please note: A 25% federal tax withholding plus other applicable tax withholding is applied.

Acct Fund DeptID Program Project/Grant *Percentage %

%
 %
 %
 %
 %

If you need more space to complete this section, please attach a separate piece of paper detailing the proposed position funding information.

Acct - 4 digits
 Fund - 2 digits
 DeptID - 5 digits
 Program - 5 digits
 Project/Grant - 9/6 digits

*Percentage must add up to 100%

Signatures/Approvals Please print and sign your name.

Department Head (Principal Investigator, if grant funded)

Date

Office of Budget & Planning

Date

Department Budget Manager

Date

Sponsored Programs Accounting (if grant funded)

Date

Human Resources (for Staff and Temps)

Date

Human Resources/Payroll Use Only (Do not complete this section)

Pos #

ERN CODE = 1

☐ Univ/Capital

☐ Grant funded

Entered By

Date

Brandeis University

Below is a description of responsibilities of each authorized signature. Please refer to the Approval Matrix in order to determine which signatures are required for a specific action.

Department Head confirms:

- position is essential to the operation of the Department/RCM/Center or Institute
- funding is available within specific Department/RCM/Center or Institute current and future Original Budgets

Budget Manager confirms:

- position is essential to the operation of the Department/RCM/Center or Institute
- funding is available within overall Original University Budget and specific Department/RCM/Center or Institute current and future Original Budget
- accuracy of chargeline(s)

Principal Investigator confirms (if applicable):

- that the expense being charged to the grant is necessary to achieve the objectives of the approved grant
- the the expense is allocable to that particular project
- that the expense is allowed and that the funds are available

Sponsored Programs Accounting confirms (if applicable):

- that the expense complies with the terms and conditions of the award

Dean, Provost, or Senior Vice President confirms:

- position falls within the constraints of the Board Approved Original University Budget
- that replacement, new hire, and/or new position is essential to the operation of the University
- that the position is consistent with the objectives of the University's Integrated Plan

Human Resources

- reviews submitted justification, particularly concerning instances when the University is in a hiring freeze
- confirms comparable compensation
- confirms equity
- confirms appropriate signatures have been obtained
- confirms fair search process has/will be adhered to when applicable

Office of Budget & Planning confirms:

- funding source(s)
- fiscal-year-to-date salary expense
- position falls within the constraints of the Board Approved Original University Budget

Unsure of which account code to use, contact General Accounting or visit

<http://www.brandeis.edu/financialaffairs/controller/accounts/index.html>