Additional Payments Charged to Grants and Contracts Approval Form

This form will help you obtain required approvals and check calculations. These payments are high risk areas and require additional approvals.

Rochester Institute of Technology
Sponsored Programs Accounting

(USC) 87-2440

Employee Name: _____   Employee Supervisor: _____

Institute Base Salary:_____   Appointment: _____   Current Effective Hourly Rate: _____

Exempt: Non-Exempt:

Determine payment hourly rate, which should be equal to or less than current effective hourly rate. Use one of the two methods below. If add pay hourly rate is higher than current effective hourly rate, revise add pay requested.

Method 1   **Method 2**

Add Pay Requested: Add Pay Requested:

# of Hours Worked: Start Date: End Date:

                                                # Hours per Week Worked:
                                                # of Weeks:

Add Pay Hourly Rate: Add Pay Hourly Rate:

Account to be Charged :   01 . _____ . _____ . _____ . _____ . 00000
                                        DEPT   OBJECT CODE   FEC   PROJECT

Please provide a clear indication of what payment is for (Detailed List of Responsibilities):

How is this work above and beyond the employee's normal duties? (*This information should be provided by the employee's supervisor. Things to consider: Is research a component of the employee's Plan of Work? Does the employee do this type of work as part of their regular tasks? When will this work be completed?*)

For SPA Rep Use:

PI Approval in Oracle: Yes   No (Return EAF to PI in Oracle for approval)

Preparer Name:

Supervisor Approval:

Reviewed by SPA Rep:

SPA Exec. Director Approval:

reviewed by SPA Rep, save this form and any other required documentation (sponsor approval, EAF, etc.) in the project's add pay subfolder and notify SPA Executive Director it is ready for review.