**GALLAUDET UNIVERSITY**

Human Resources Services

College Hall, Room 106

Ext. 5352

**SPECIAL PAY**

**PERSONNEL ACTION FORM**

|  |  |
| --- | --- |
| Today’s  Date |  |

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ms/Mrs/  Mr/Dr | |  | | Name  L/F/MI | |  | | | | | | | | | | | SS  # |  | | | | |
| Address | |  | | | | | | | City |  | | | | | State |  | | | | Zip | |  |
|  | New Hire | |  | | Rehire | |  | On-Campus Staff | | |  | On-Campus Faculty |  | On-Campus Teacher | | | | |  | | Student | |
| Date of Birth | | |  | | | | | | | | |

**REASON FOR PAYMENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Faculty Overload | |  | Additional Responsibilities | |  | Honorarium | |
|  | Summer Teaching | |  | Extra Curricular (e.g., coaching) | |  | Other (Describe below) | |
|  | Chair Compensation | |  | Exempt Staff Teaching | |  |  | |
| Describe the reason for the payment (e.g., course title and dates): | | | | | | | | |
| Beginning Date | |  | | | End Date | | |  |

**PAYMENT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| List the pay dates and the amount to be paid on each date. **IF THE WORK PERFORMED IS/WAS NON-EXEMPT, A TIME CARD MUST BE ATTACHED TO THE PAYROLL WORKSHEET**  AMOUNT PAYDATE AMOUNT PAYDATE AMOUNT PAYDATE | | | | | | |
| $ |  | $ |  | $ |  | TOTAL PAYMENT |
| $ |  | $ |  | $ |  |
| $ |  | $ |  | $ |  | $ |
| $ |  | $ |  | $ |  |

|  |  |
| --- | --- |
| **Supervisor Name** |  |

**FUNDING DEPARTMENT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Federal |  | Income |  | Grant | Name |  | Acct #-Object Code |  |

**ACCOUNT DISTRIBUTION (if more than one account)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Acct |  | % |  | Amount |  | Acct |  | % |  | Amount |  |

**PREPARER VERIFICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PAF Prepared By | | |  | | | | | Telephone Extension | | |  | | |
| I-9 Form  Attached |  | I-9 Form  On File |  | Tax Forms  Attached |  | Recent Tax Forms On  File (within calendar year) | |  | Employee data sheet attached  (All new hires) | |  |

**SIGNATURE DATE SIGNATURE DATE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit Administrator |  |  | Senior  Administrator |  |  |
| **HUMAN RESOURCES SERVICES/PAYROLL USE ONLY** | | | Human Resources Services |  |  |

**ORIGINAL MUST BE SUBMITTED TO THE HUMAN RESOURCES SERVICES OFFICE. DEPARTMENTS SHOULD MAKE COPIES FOR THEIR FILES.**