Additional Pay Form

Vanderbilt University

Employee Information:

Name: _____

ID: _____

Job Record#: _____

SSN: _____

☐ Vanderbilt Student ☐ VMG

Department Information:

Home Department:

PAF Responsible:

Location:

Initiator: _____ **Phone:** _____

Additional Pay Item 1

Earning Type

- ○ Administrative Supplement
- ○ Chair Pay
- ○ Lump Sum Payment
- ○ VMG One Time Payment
- ○ Casual Labor
- ○ Graduate Assistantship
- ○ Vacation Payout
- ○ Other:_____

Center	Job Code	Amount

Hours: _____ **Rate:** _____

Start Date: _____ **End Date:** _____

Goal Amount: _____ **Reason:** _____ **Total Amount:** _____

Comments:

Additional Pay Item 2

Earning Type

- ○ Administrative Supplement
- ○ Chair Pay
- ○ Lump Sum Payment
- ○ VMG One Time Payment
- ○ Casual Labor
- ○ Graduate Assistantship
- ○ Vacation Payout
- ○ Other:_____

Center	Job Code	Amount

Hours: _____ **Rate:** _____

Start Date: _____ **End Date:** _____

Goal Amount: _____ **Reason:** _____ **Total Amount:** _____

Comments:

Approval Signatures

Effort Certification: ☑

I certify that I have first hand knowledge of (or have used suitable means of verifying) work performed by this individual and salary distribution prior to the effective date of this change is reasonable in relation to the work performed.

Signature/Date:

Signature/Date:

Signature/Date:

Signature/Date:

HR Routing Information: DestA: _____ DestB: _____ Auth: _____