



EXTRA ASSIGNMENT PAYMENT REQUEST

Form must be received in the Payroll office by the date listed on the pay schedule.
KEEP A COPY FOR YOUR RECORDS

Employee Name: _____ **Employee ID:** _____

Extra Assignment: _____ **Last 4 of SSN:** _____

Description: _____ **Location:** _____

State/Federal Grant Funded? Yes No **If Yes, 3 digit Fund number:** _____

Approved Account Coding:

 Fund Function Object SPCC Subject OPU IL Job Code

Dates	Time Frame	Hourly rate	OR	Daily rate (if per diem)	Total \$ Amount Due <i>(Office Use Only)</i>
TOTAL SUPPLEMENTAL PAY= \$					

2 CRF 200.430 states: "Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed...These records must: (i) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated...(iii) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity...(vii) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity." As the supervisory official for [name of fund] _____, I hereby certify that the above employee worked solely for the single cost objective covered by the Federal Fund for the time designated above.

TITLE	PRINTED NAME	SIGNATURE	DATE
Staff Member Requesting Pymt			
Building/Dept. Administrator			
Federal Fund Administrator			
Other Grant Administrator			

PO# _____