



PAYMENT FOR EXTRA ASSIGNMENTS

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

Building: _____

Last 4 of SSN #: _____ **Employee Name:** _____

Account # to be charged: _____

Dates	Hrs. or # of Days	Hourly rate	Daily rate if per diem	Total

Total Extra Pay Due \$ _____

Description of Assignment (include date and time):

OMB Circular A-87, Attachment B (8)(h)(4) states: "Where employees work on multiple activities or cost objectives, a distribution of their salaries or wages will be supported by personnel activity reports or equivalent documentation..." As the supervisory official for _____, I hereby certify that the employee signed in above worked solely for the single cost objective covered by the Federal Fund for the time designated above.

Signature of Staff Member Requesting Payment

Date

Signature of Federal Fund Administrator /Building or Dept. Administrator

Date

Signature Grant Administrator (if applicable)

Date

Hourly Rates: Add'l duties - \$23; In Service - \$23 (attend), \$23 (preparation), \$36 (presentation); Summer school teaching - \$42