

INSTRUCTIONS: Special Payment Authorization Form

This form is for the submission of Special Payments to Support Staff Personnel only.

1. **Employee Name:** Provide employee's first and last names.
2. **Department for which work was performed:** Provide name and number of department for whom the employee provided the work.
3. **Person ID:** Provide employee's Person ID from HR/Payroll system.
4. **PERNR (Personnel Assignment):** Provide employee's personnel assignment from Hr/Payroll system.
5. **Classification/Union/Level:** Provide employee's classification, union group and level.
6. **Name & Phone:** Print neatly the name and phone number of person preparing the form.
7. **Wage Type:** Check appropriate box indicating the wage type and description of work performed or payment requested.

In some instances, special payments require Human Resource approval prior to payment. If the payment is for: 1) Special Project pay performed in the employee's primary department, 2) Merit pay, 3) Unit Recognition award, or 4) Miscellaneous payments for signing bonuses or per special agreements, then the form must first be submitted to the Human Resource Office, Nisbet Building, 1407 S. Harrison Rd Room 110, for approval.

Other types of special payments including: 1) Project Pay for work performed in a non-primary department, 2) Cell Phone allowances, 3) Residential Internet Connectivity allowance, 4) Miscellaneous payments for special events, 5) Regular Additional hours worked in non-primary departments, 6) Compensatory Time payoffs, or 7) Vacation Time payoff for hourly employees can be sent directly to the Payroll Office, Hannah Administration Building, 426 Auditorium Rd Room 350, for payment.

8. **Reason for Payment:** Provide clear description of reason for payment.
9. **Account Information:** Provide information related to the account to be charged for the special payment.
10. **Amount/Hours to be Paid:**
 - **Lump Sum Payments:** Provide lump sum dollar amount to be paid (for wage types 1405, 1330, 1340, 1280, 1580, 1575) and dates worked was performed.
 - **Hours Based Payments:** Provide actual hours and dates worked (for wage types 2010 and 2011). The dollar amount of the payment will be determined by the HR/Payroll system after applying applicable rules.
11. **Authorized Signature and Date:** All special payments require account fiscal officer (or delegate) approval. Forms without the proper authorization will be returned to the department.
12. **Off-Cycle Payment Requested:**
 - **Yes:** Check box and attach to 'Off-Cycle Request Form'. Submit for payment (review to see if form must first be submitted to Human Resource office – see step 7) to Payroll Office, Hannah Administration Bldg, 426 Auditorium Rd Room 350.
 - **No:** Check box. Submit for payment on next payroll (review to see if form must first be submitted to Human Resource office – see step 7) to Payroll Office, Hannah Administration Bldg, 426 Auditorium Rd Room 350.

SPECIAL PAYMENT AUTHORIZATION FORM FOR SUPPORT STAFF

Michigan State University

For hourly work in non-primary department use "Timesheet for HOURLY Employees paid by Non-Primary Department".

EMPLOYEE NAME		DEPARTMENT FOR WHICH WORK WAS PERFORMED	
PERSON ID		PERNR (PERSONNEL ASSIGNMENT)	
CLASSIFICATION	UNION	LEVEL	PRINT NAME & PHONE # OF PERSON PREPARING THIS FORM

SEND TO HUMAN RESOURCES (HR) <small>(110 NISBET BUILDING)</small>			SEND TO PAYROLL <small>(350 ADMINISTRATION BUILDING)</small>		
WAGE TYPE	DESCRIPTION		WAGE TYPE	DESCRIPTION	
<input type="checkbox"/> 1405	SPECIAL PROJECT PAY FOR WORK PERFORMED IN PRIMARY DEPARTMENT	IT15	<input type="checkbox"/> 1405	SPECIAL PROJECT PAY FOR WORK PERFORMED IN NON-PRIMARY DEPARTMENT	IT15
<input type="checkbox"/> 1330	MERIT PAY (CT, AP, APSA)	IT15	<input type="checkbox"/> 1580	CELL PHONE AND/OR OTHER MOBILE COMMUNICATION DEVICE ALLOWANCE	IT15
<input type="checkbox"/> 1340	UNIT RECOGNITION AWARD (ALL EMPLOYEE GRPS)	IT15	<input type="checkbox"/> 1575	RESIDENTIAL INTERNET CONNECTIVITY ALLOWANCE	IT15
<input type="checkbox"/> 1280	MISCELLANEOUS (SIGNING BONUS, SPECIAL AGREEMENTS)	IT15	<input type="checkbox"/> 1280	MISCELLANEOUS - WORK PERFORMED FOR SPECIAL EVENTS (E.G. ATHLETICS, REGISTRATION, COMMENCEMENT, TRANSCRIPTION)	IT15
REASON FOR PAYMENT:			<input type="checkbox"/> 2010	REGULAR ADDITIONAL HOURS FOR FULL-TIME SALARIED EMPLOYEES FOR WORK PERFORMED FOR NON-PRIMARY DEPARTMENT	ZCAT2
			<input type="checkbox"/> 2011	REGULAR ADDITIONAL HOURS UP TO 40 FOR < FULL-TIME SALARIED EMPLOYEES FOR WORK PERFORMED IN NON-PRIMARY DEPARTMENT	ZCAT2
			<input type="checkbox"/>	COMPENSATORY TIME PAYOFF	416
			NUMBER OF HOURS TO BE PAID _____		
			<input type="checkbox"/>	VACATION TIME PAYOFF FOR HOURLY EMPLOYEES	416
NUMBER OF HOURS TO BE PAID _____					
CHART/ACCOUNT (FUND)	SUB-ACCOUNT (WBS)	SUB-OBJECT (COST CENTER)	PROJECT CODE (INT.ORDER)	ORG REF ID (FUNC.AREA)	

AMOUNT/HOURS TO BE PAID																																																													
LUMP SUM PAYMENT <small>(1405, 1330, 1340, 1280, 1580, 1575)</small>	HOUR BASED PAYMENT (PROVIDE ACTUAL HOURS AND DATES WORKED) <small>(2010, 2011)</small>																																																												
AMOUNT: \$ _____	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>DAY</th> <th>SUN</th> <th>MON</th> <th>TUE</th> <th>WED</th> <th>THU</th> <th>FRI</th> <th>SAT</th> <th>SUN</th> <th>MON</th> <th>TUE</th> <th>WED</th> <th>THU</th> <th>FRI</th> <th>SAT</th> </tr> <tr> <th>DATE</th> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <th>HOURS</th> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																DAY	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	DATE															HOURS														
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DATE																																																													
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DATES WORKED: _____																																																													

AUTHORIZED SIGNATURE: _____ MUST BE ACCOUNT FISCAL OFFICER (OR DELEGATE)	DATE: _____
OFF-CYCLE PAYMENT REQUESTED: <input type="checkbox"/> YES (ATTACH TO OFF-CYCLE PAYMENT REQUEST FORM - \$35.00 FEE) OR <input type="checkbox"/> NO (PAID ON NEXT PAYROLL)	

Human Resource Use Only

HUMAN RESOURCE APPROVAL: _____	DATE: _____
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Payroll Office Use Only

IT15	WAGE TYPE	AMOUNT	DATE	COST CENTER	DATE STAMP HERE
	ORDER	WBS ELEMENT	FUND	FUNC.AREA	

ZCAT2	COST CENTER	WBS ELEMENT	INT.ORDER	FUND	FUNC.AREA	A/A TYPE
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ENTER DAY/DATE/HOURS AS INDICATED ABOVE