

Labor Accounting – Salary Distribution & Additional-Compensation Form

Employee Information

UNI	Employee Name	Pay Frequency	Action: <input type="checkbox"/> Salary Distribution <input type="checkbox"/> Additional Compensation <input type="checkbox"/> Cancel Add-Comp <input type="checkbox"/> Other _____
Employee ID			
Explanation:			

Department Name	Department Number	HRPC Attachments: <input type="checkbox"/> PAF <input type="checkbox"/> Nomination/Fellowship

Salary Distribution

Acct. # Change	Earn Code	Profile Effective Date	Period Amount	Combo Code	Combo Code Amount	% Distribution	Funding End Date	Other Comments (check box to indicate redirect of fringe)
<input type="checkbox"/> 1		/ /	\$		\$	%	/ /	<input type="checkbox"/>
<input type="checkbox"/> 2		/ /	\$		\$	%	/ /	<input type="checkbox"/>
<input type="checkbox"/> 3		/ /	\$		\$	%	/ /	<input type="checkbox"/>
<input type="checkbox"/> 4		/ /	\$		\$	%	/ /	<input type="checkbox"/>

Additional Compensation

Retro	Empl Rec Nbr	Earn Code	Total Ern Code Payment	Pay Period		Actual Period Worked		Combo Code	Combo Code \$ or %	Describe services for which employee is receiving additional compensation
				Pay Start Date	Pay End Date	Pay Start Date	Pay End Date			
<input type="checkbox"/>	1		\$	/ /	/ /	/ /	/ /			
<input type="checkbox"/>	2		\$	/ /	/ /	/ /	/ /			
<input type="checkbox"/>	3		\$	/ /	/ /	/ /	/ /			
<input type="checkbox"/>	4		\$	/ /	/ /	/ /	/ /			
<input type="checkbox"/>	5		\$	/ /	/ /	/ /	/ /			

Authorization/Approvals

Print Name _____ Signature _____ Title _____ Dept # _____ Phone # _____ Date _____	Print Name _____ Signature _____ Title _____ Dept # _____ Phone # _____ Date _____
Print Name _____ Signature _____ Title _____ Dept # _____ Phone # _____ Date _____	Print Name _____ Signature _____ Title _____ Dept # _____ Phone # _____ Date _____