

**REQUEST FOR SPECIAL PAYMENT**

**TEACHING AND ADMINISTRATIVE FACULTY ONLY**

The following information **MUST** be provided in order for payment to be processed and this form may only be used for Teaching and A/P Faculty. Human Resources must receive this form by either the **1st** or the **15th of the month** in order for the payment to be made within 30 days.

**Effective May 1, 2013 -** \***Note on** **Adjuncts**: To assure compliance with the state’s Affordable Care Act guidance, Deans must determine and approve the additional hours of work before assignments are made. Any hours of work compensated by a special pay action will have to be documented and **counted** towards their 29 hours per week on average over a twelve month period.

 \***Number of Work Hours per week for this assignment** (fill in for Adjuncts):

A special payment is hereby authorized for the following individual in addition to his/her regular salary payment:

|  |  |
| --- | --- |
| Name: |       |
|  |
| Payroll ID# (not ssn) |       |

|  |  |
| --- | --- |
| Amount:  |       |

|  |  |
| --- | --- |
| Purpose of Payment:  |       |
|  |

|  |  |
| --- | --- |
| Date(s) Service/Participation Occurred:  |       |
|  |
| Banner #  |  |
| F: |       | O |       | A |       | P |                       | A |        | L  |       |

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Program Director Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cabinet VP or Designee Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cabinet VP or Designee Signature Date

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I certify that I performed the services or participated in the above-referenced program on the dates indicated.

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Employee Signature Date

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Human Resources Signature Date

**Forward the original Special Pay Form to the Office of Human Resources, Fairfax House.**

For questions about this form, please contact the Office of Human Resources, (540) 654-2285.