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| C:\Documents and Settings\sharkins\Local Settings\Temporary Internet Files\Content.Outlook\5M52DODR\UM mark (2).jpg | | **SUPPLEMENTAL COMPENSATION REQUEST FOR GRADUATE ASSISTANTS – EMPL CLASS 04**  **Pre-Approval by Graduate School Required Before Work Begins**  **Please return completed for Authorization to:**  Dr. Erin Golembewski at [egole001@umaryland.edu](mailto:egole001@umaryland.edu) before work begins. | | | | | | | | | | | | |
| **Graduate Assistant Information:** | | | | | | | | | | | | | | |
| Name: |  | | | | | Employee ID# |  | | | Annual Stipend: | | |  | |
| **Paying Department Information:** | | | | | | | | | | | | | | |
| School Name: | | |  | | | Department/Division Name: | | |  | | | | | |
| Initiator: | | |  | | | Email: | |  | | | Phone: | |  | |
| **Request Type: check applicable and indicate Earnings Code** | | | | | | | | | | | | | | |
| EARNINGS CODE- **GSS1:** Additional compensation to be paid to Graduate Assistants for working on related projects beyond their GRA appointments. | | | | | **UMB Policy VII – 7.11 (A) UMB Policy on Graduate Assistants** | | Start Date: | |  | | | End Date: | |  |
| **1Any additional compensation beyond the stipend associated with the Graduate Assistant appointment MUST be approved by the Graduate School prior to the commencement of any work.** | | | | | | | | | | | | | | |
| **Increased Responsibilities:** | | | | | | | | | | | | | | |
| Please attach a letter describing increased responsibilities and include when and where this work is to be done in relationship to current work schedule. | | | | | | | | | | | | | | |
| Single Task | | | | Task to be performed over period of time (include related details in attached letter) | | | | | | | | | | |

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| **Payment Information** | | | | | | | | | | |  | |  |
| Total Payment Amount: | $ | | Dates of service must fall within the Graduate School summer session. Requests for payment should not be submitted until the agreed upon work is completed and may be made in two payments (at halfway point and at end) or one lump sum payment (at the end). | | | | | | | | |
| **Pay Period End Date:** | | **Amount:** | | | **Funding Source:** | | | **Project ID or SOAPF #:** | | | |
|  | |  | | | State  Grant  Other | | |  | | | |
|  | |  | | | State  Grant  Other | | |  | | | |
|  | |  | | | State  Grant  Other | | |  | | | |
|  | |  | | | State  Grant  Other | | |  | | | |
| **Required Approvals:** | | | | | | | | | | | |
| By signing in the designated areas below, I am verifying this request is in accordance with **UMB Policy VII – 7.11 (A) UMB Policy on Graduate Assistants**. | | | | | | | | | | | |
| Graduate Assistant Signature: | | | |  | | Printed  Name: |  | | Date: |  | |
| Paying Department Authorized Signature: | | | |  | | Printed  Name: |  | | Date: |  | |
| Graduate Program Director Signature: | | | |  | | Printed  Name: |  | | Date: |  | |
| Dean, Graduate School Signature: | | | |  | | Printed  Name: |  | | Date: |  | |

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| Questions regarding supplemental payment can be address to Celeste Gerhart at [cgerhart@umaryland.edu](mailto:cgerhart@umaryland.edu)  After form is approved a **Payroll Adjustment must be completed by the payroll representative** of the graduate assistant’s department to receive payment by the payroll deadlines and the listed pay period end dates above.  **APPROVED FORMS WILL BE RETURNED TO PAYING DEPARTMENT CONTACT FOR PROCESSING; COPY OF THIS APPROVED FORM WITH ATTACHED, SIGNED PAYROLL ADJUSTMENT FORM SHOULD BE SUBMITTED TO** [**bfpafhelp@umaryland.edu**](mailto:bfpafhelp@umaryland.edu) |