

The information in fields 1 through 7 references the information in the job data for the record # or appointment to which this Additional Pay form is tied. ALL FIELDS MUST BE COMPLETED

State of Missouri
Additional Pay Form

1. <input type="checkbox"/> Academic Annual Salary _____ <input type="checkbox"/> Administrative/Service/Support	2. Pay Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly	3. Benefit Status <input type="checkbox"/> Regular <input type="checkbox"/> Temporary
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4. Employee Name (last, first, middle initial)	5. EmplID and Empl Rcd #	6. Home Campus	7. Employee Class <input type="checkbox"/> 1 - Oth F/S <input type="checkbox"/> 2 - Fac 9/9 <input type="checkbox"/> 3 - Fac 9/12 <input type="checkbox"/> 4 - Med Res <input type="checkbox"/> 5 - JVA <input type="checkbox"/> 8 - Per Diem <input type="checkbox"/> A - Student
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JOB EARNINGS DISTRIBUTION

8. Line No.	9. Earnings Code	10. Effective Date	11. Add'l Seq.	12. Earnings End Date	13. Earnings (Per Pay Period)	14. Hrly/Unit Rate	15. Goal Amount	16. Ok to Pay (HR Use)	17. Business Unit	18. Department	19. Job Code	Account Code	
												20. MoCode	21. Account
1													
2													
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10													
11													
12													
13													
14													

22. Dates Work Performed	23. Comments
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24. Where is work to be performed? (IF different than primary job)

State	City
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25. AUTHORIZATIONS

_____ Signature & Date

_____ Signature & Date

_____ Signature & Date