BOSTON COLLEGE

BOSTON COLLEGE
SUPPLEMENTAL PAYMENT REQUISITION

IMPORTANT-PLEASE NOTE:
This form is used to request payment for services rendered to the University outside of his/her regular position.
Additional Pay Is paid as a lump sum amount and the Federal Tax Rate increases to 25%.
Additional Pay Does Not Add to Retirement Grosses.

EAGLE ID #	EMPLOYEE NAME	PAY RUN

EARN CODE	GROSS AMOUNT	JOB CODE	DEPT ID.	FUND	FUND SOURCE	ACCOUNT	SEQ #	PROJECT	PROGRAM	POS. NUMBER
SUP		**610000**								

DESCRIPTION OF SERVICES RENDERED:

PERIOD WORKED

FROM SUNDAY / /

TO SATURDAY / /

METHOD OF CALCULATING PAYMENT:

- EXEMPT (MONTHLY EMPLOYEE)

FLAT RATE $_____

OR

HOURLY RATE _____ x NO. OF HOURS _____ = $_____

- NON-EXEMPT (WEEKLY/ HOURLY EMPLOYEE) *

HOURLY RATE _____ x NO. OF HOURS _____ = $_____

*NOTE: Boston College is required by the Department of Labor to retain this documentation for all non-exempt employees. Please be advised that non-exempt employees should not be working a second job if total number of hours worked per week exceeds 40 when combined with hours worked in the employee's primary position. Previously approved exceptions will require that, for total hours exceeding 40 per week, time and a half be calculated (as specified by the Department of Labor) and added to the supplemental gross amount.

APPROVALS

	EXT.	DATE
AUTHORIZED DEPARTMENT SIGNATURE		
APPLICABLE PERSONNEL	EXT.	DATE
BUDGET/ RESTRICTED LEDGER	EXT.	DATE

FORM COMPLETION

Dean, Director, Department Chairperson, Principal Investigator supplies:

- Employee Name and Boston College Eagle ID Number.
- Dates of service performed and current pay period end date. Start date must be a Sunday, and the end date must be a Saturday.
- Total Gross Amount for payment period.
- Authorized Departmental HR Account code.
- Seq. # - last four digits (1 alpha and 3 numeric characters) displayed in the HR Account Code.
- Position Number if needed.
- Payment Calculation: Monthly employees enter either flat rate or the number of hours worked times the rate. Weekly/ hourly employees **MUST** enter hourly rate times the number of hours worked.
- Authorized Signature: Designated Responsible Person for the account charged
- The form must then be forwarded to the Applicable Personnel for Approval. (See APPLICABLE PERSONNEL APPROVAL) .

CALCULATING DAILY PAY RATE FOR CONTRACTS AND GRANTS:

This procedure for calculation of a daily rate is in accordance with the Federal Management Circular FMC-73-8: Const. Principles For Educational Institutions. All Federal Agencies and all sub-contracts involving Federal funds are subject to FMC-73-8.

A.
- 12 Month Contract
- 12 Month Salary = Daily Rate 260 days

B.
- 9 Month Contract
- 9 Month Salary = Daily Rate 195 days

APPLICABLE PERSONNEL APPROVALS:

EMPLOYEE TYPE	APPROVAL LOCATIONS
Executives, Deans, Administrators, FT/PT Office or Clerical Staff, Service Workers.	Human Resources, More Hall 315.
Full Time Faculty, Part Time Faculty, Religious Education Faculty.	Academic Vice President Bourneuf House.
College of Advancing Studies Faculty, Summer Faculty.	College of Advancing Studies - McGuinn 100.

- The Applicable Personnel should forward the form to the appropriate office for approval. (See Below)

UNRESTRICTED DEPARTMENTAL OPERATING FUNDS APPROVAL:

University Budget Office — More Hall 300 — Ext. 2-3383

ENDOWMENT/RESTRICTED FUNDS APPROVAL:

Controller's Office — More Hall 170 — Ext. 2-4620

CONTRACT & GRANT FUNDS APPROVAL:

Office of Sponsored Programs — 21 Campanella Way Room 569 — Ext. 2-3374

AGENCY FUNDS APPROVAL:

Controller's Office — More Hall 280 — Ext. 2-3363

PLEASE MAKE A COPY FOR YOUR RECORDS

EMPLOYEE CHANGE REQUEST

I.

				Position Override	
Name	Kearney,James M	**Empl Status**	Active	**Hire Date**	05/19/2008
Eagle ID	11416241	**Annual Salary**	$2,214.00	**Rehire Date**	05/19/2008
SSN	XXX-XX-7179	**Last Action Date**	09/02/2009	**Last Incr Date**	05/17/2009
Record #	0 Primary Job	**Job Entry Date**	05/19/2008	**Citizenship Status**	Not Indic.
Salary Plan	NG1	**Date in Classif**		**Visa Expiration Dt**	
MRP		**Job Family**		**Visa Type**	
Grade/Band	00	**Other Job Rec #s**	This is record 0 of records 0 through 2		
Develmntl Job	N				

II.

	Eff Dt	Action	Reason	Position	Position Name	Dept	Dept Name	Bldg/Rm
	09/07/2009	Return-SWB	RWB	6440	Student Job Class D	024001	Human Resources	14201315
1								
2								

	Reports To	Job Code	Reg/Temp	Full/PT	Empl Class	Std Hrs	FTE	Paygroup	FICA
		920400	Temporary	Part-Time	S-Student	6.00	0.00	WST	E
1									
2									

	Comp Rate	Comp Freq	Pct Chg	Emp Wrk	Pds/Yr	Benefits Base Rt	Annual Budget Amt	Annual Adjust Amt
	010.250	H	0.000	Weekly	36.00			
1								
2								

	Probtn Rv Dt	Last Dt Work	Exp Return	Service Date	Ben Eff Dt	Ben Pgm	Description
	09/19/2008			05/19/2008	05/19/2008	NOB	No Benefits
1							
2							

III.

Dept ID	Fund	Fund Source	Account	Seq#	Project	Program	Earn Code	Budget Amount	Rate Amount	Percent	Start Date	Stop Date
024001	100	10000	53311	D001		00000	STU			100.00	09/07/09	05/16/10

Vacation Accrual _____
Sick Time Accrual _____
Personal Days

Comments

IV. **Authorizing Signatures**

Department Dean	Ext.	Date	Executive VP		Date
Restricted Ledgers	Ext.	Date	Other	Ext.	Date
Employment Area	Ext.	Date	HRSC Position Administrator		Date

Processed in HRSC by _____ Date _____

For Instructions: www.bc.edu/ecr

Print Date: 03/21/2010

Form Revision Date: 08/06