

SYRACUSE UNIVERSITY - Request for Additional Pay (RAP)

Please submit completed forms to:

Payroll Service Center, Skytop Office Building, Room 106 (315) 443-4042

(Revised 7/14)

If employee has multiple jobs, use one form for each job and each type of payment

| | | | |
|----------|--|---------------------------|-------------|
| SU ID #: | | Legal Name (Last, First): | |
| | | Paygroup: | Empl Class: |

Section A: List of Employees Current Job(s) – Check One

| | Empl Record # | Effective Date | Department # | Department Name | Job Code | Job Title |
|--------------------------|---------------|----------------|--------------|-----------------|----------|-----------|
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |

Section B: Type of Payment and Description

| | | |
|---|--|--|
| <input type="checkbox"/> Extra Service | <input type="checkbox"/> Overload | <input type="checkbox"/> Current /Prior Pay Period |
| <input type="checkbox"/> Variable Pay/Client Server Bonus | <input type="checkbox"/> Summer Pay – Faculty/Grad Assistant | <input type="checkbox"/> Earnings Code Change |
| <input type="checkbox"/> Final Vacation/Severance Pay | <input type="checkbox"/> GA Hourly Pay | <input type="checkbox"/> Other (explain below) |

Description of Service Performed:

Dates of Service: From: _____ To: _____

Section C: Reported Hours: (complete table below)

| Date | | | | | | | | | | | | | | | | | | Total | |
|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|
| Time Code | | | | | | | | | | | | | | | | | | | |
| Hours | | | | | | | | | | | | | | | | | | | |

Section D: Pay Information

| | | | | | |
|-----------------------|--------|---------------|-----------------|-----------------|--|
| Reporting Dept Number | | Job Code | | Date of Payment | |
| Earnings To Be Paid | Weekly | (Hours) x | (Hourly Rate) = | Total Amount | |
| | Weekly | (Hours) x | (Hourly Rate) = | Total Amount | |
| | Semi | (# of Pays) x | (Per Pay) = | Total Amount | |

Section E: Chartstring(s)

| Fund | Dept | Program | Account | MyCode | Sponsored Awards/Cost Sharing | | | Amount / % |
|------|------|---------|---------|--------|-------------------------------|----------|---------|------------|
| | | | | | Project | Activity | Bud Ref | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Section F: Approvals

| | | | | | |
|---|--|------|----------------------------|--|---------|
| Authorized Signature: | | Date | Dept. Contact (Print Name) | | Phone # |
| Dean/Director or Dept. Head: | | Date | | | |
| Sponsored Accounting (For Project Chartstring Only) | | | | | Date |
| Human Resources / Student Employment | | | | | Date |

Section G: Payroll Service Center Use Only

| | | | | | |
|---|-----------------------------------|----------------|--|-------------|--|
| <input type="checkbox"/> Additional Pay | <input type="checkbox"/> Paysheet | Earnings Code: | | Page & Line | |
| <input type="checkbox"/> Additional Pay | <input type="checkbox"/> Paysheet | Earnings Code: | | Tax Periods | |
| Service Center Processed By: | | | | Date: | |