

## Division of Human Resources

### Supplemental Payment for Additional Assignment Form

*This form is for paying regular employees for additional assignments. Do not use this form to pay temporary/student workers.  
 All fields are required unless noted otherwise.*

Employee Name: \_\_\_\_\_ CWID: \_\_\_\_\_

**Employee's Primary MSU Position Information**

Position Title: \_\_\_\_\_ Full-time      Part-time  
 Supervisory Organization: \_\_\_\_\_ Supervisor/Manager: \_\_\_\_\_  
 Alternate Work Schedule (if applicable): \_\_\_\_\_

**Employee's Additional Assignment Information**

Division: \_\_\_\_\_ Supervisor/Manager: \_\_\_\_\_  
 Short Description/Title of Assignment: \_\_\_\_\_

**\*REQUIRED: A job description for the additional assignment must be attached to this form. The description should include an explanation of how the payment amount was calculated.**

Assignment Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_  
 Provide the work schedule for the additional assignment (days of the week/times): \_\_\_\_\_  
 Does this assignment take place during regular work hours?      Yes      No  
 If yes, how is that time being made up?: \_\_\_\_\_  
 \_\_\_\_\_

Is the employee performing any other additional assignments during this period?      Yes      No  
 (\*If you are unsure, please confirm directly with the employee.)  
 If yes, provide a brief explanation: \_\_\_\_\_  
 \_\_\_\_\_

Total Amount to be paid: \$ \_\_\_\_\_ (An explanation of how this amount was calculated is required. See above.)  
 Payment Schedule (Administrative use only):      Lump Sum      Bi-weekly Payments      Other (Specify below)

Cost Center (required): \_\_\_\_\_ Fund (if not default): \_\_\_\_\_ Activity (if applicable): \_\_\_\_\_  
 Grant (if applicable): \_\_\_\_\_ \*Grant Accounting needs to sign off on all payments funded by a grant (below).

Requested by: _____ Department Director/Supervisor/Chair	_____	_____
	Print Name	Date
Approved by: _____ Dean/Asst. or Assoc. Vice President	_____	_____
	Print Name	Date
Approved by: _____ Direct Supervisor (Only if this assignment takes place in a Division outside of the employee's home Division)	_____	_____
	Print Name	Date
Approved by: _____ Principal Investigator (Only if assignment is funded by a grant)	_____	_____
	Print Name	Date
Approved by: _____ Grant Accounting (Only if assignment is funded by a grant)	_____	_____
	Print Name	Date
Approved by: _____ Division Vice President	_____	_____
	Print Name	Date
Approved by: _____ Vice President of Human Resources	_____	_____
	Print Name	Date