

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



# University 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	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													
3													
4													
5													
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7													
8													
9													
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	