RAMAPO COLLEGE OF NEW JERSEY

SPECIAL PAYMENT FORM

For work performed by Ramapo College employees

A. APPROVAL FOR WORK TO BE DONE (Approvals for Special Payment must be obtained ***before*** work is performed)

Unit/Organization: Budget — Date: 6/4/18

Name of Employee: _____ — Current Title: Dir of Budget & Fis Plannng

Banner ID: _____

Descrip. of Assignment: Out of Title Pay

Title during Assignment: N/A

Date(s) and Hour(s): July 1, 207 → June 30, 2018 — Number of Hours or Number of Credits: _____

Compensation rate $ or Rate per Credit: N/A — Total Compensation: ~~$10,000~~ 13,060.64

If a payment schedule is required, please attach to this form

IF GRANT FUNDED: N/A (Name of Grant) — Begin Date: _____ — End Date: _____

FUNDING SOURCE(S)

FOAP	Fund	Organization	Account	Program	Activity (SPIF)
	10001	73001	6078	60	N/A

PREPARED BY: Kristen Loeungkat 6/4/18 (Please Print / Date)

APPROVED BY (Required Signatures): Unit Head _____ Date _____ — Provost/Vice President/Academic Affairs [signature] 6/4/18 Date

B. APPROVAL FOR PAYMENT (to be completed after assignment is completed)

Required Signatures:

1) Assignment Supervisor [signature] 6/4/18 Date

2) Budget Office or Grant Comptroller [signature] 6/4/18 Date

3) Human Resources - Employee Records [signature] 6/6/18 Date

4) Payroll Manager [signature] 6/7/18 Date

C. PAYMENT (NOTES)

Amount Paid	Date	Payroll Number	Entered by
10,000.-	6/15/18	RG12	

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NOTE: All special payments must be in accordance with the College's Extra Compensation for Special Projects Policy, available on the HR web page, under Policies and Procedures. For questions, please contact the Dept. of Human Resources at ext. 7506 or ext. 7781 for questions regarding payments.
Updated - 3/24/11

This form can be found at http://guide.ramapo.edu/hr/forms/index.html