



Recurring or Additional Payment Authorization Form

Please refer to UNMC Policy 1017, Recurring/Additional Payment for specific details & requirements.

Employee Name (Last): _____ (First): _____ Personnel #: _____

Position: _____ Please choose one: ___ Monthly ___ Bi-weekly

Unit/Department: _____

Reason/Justification (Required):

Please see **Recurring/Additional Payment Procedures** for wage code type definitions.

Submit to Payroll for data entry - Zip 5000 - (Payroll will load document into ADIS)

___ 4601 Awards

Submit to HR Compensation for review - Zip 5470 - (HR Records will process data entry & load document into ADIS)

___ 1401 Additional Compensation (ONE-TIME PAYMENT)

___ 1404 Overload (NOT TO EXCEED 20% OF BASE SALARY)

___ 1420 July 1 In Lieu Payment Stipend (NON-ACADEMIC ONLY)

___ 1419 New Faculty/Retention Stipend (FACULTY ONLY)

___ 4605 Honorarium (ONE-TIME PAYMENT)

Unit/Department data entry

Entries by Business Unit/Department, requires loading of document into ADIS.

___ 1410* Supplemental Compensation Stipend

___ 1412 Summer Instructional

___ 1413 Summer Research

*A fully signed Supplemental Compensation Plan Terms of Employment Agreement covering the payment period(s) must be on file and loaded in ADIS to pay supplemental compensation.

Recurring Payment

Start Date	End Date	Payment Amount	Cost Center
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

One-Time Payment

Payment Date	Payment Amount	Cost Center
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preparer's Name (Please Type): _____ Phone: _____

Department Approval: _____ Date: _____

Dean/Director (Faculty & Staff): _____ Date: _____

B&F ONLY - Asst. VC/VC Approval: _____ Date: _____

Human Resources Review: _____ Date: _____