



THE COLLEGE OF NEW JERSEY

Supplemental Payment Form

This form must be completed in its entirety and submitted to the Office of Human Resources two weeks prior to the first day of the assignment start date. Assignments cannot exceed one year from the initial appointment date.

New Appointees are prohibited from working until all documentation is received in the Office of Human Resources. A comprehensive background check is required for all new Appointees. If the form and supporting documentation is not received in a timely manner, this may delay the Appointee's access to campus services.

For all current employees, it is the supervisor's responsibility to ensure the employees are not working without prior authorization from the Office of Human Resources.

This form is intended for:

- Temporary assignments that require authorized timecard submissions.
- Additional pay for current employees who performed work outside the scope of their regular job assignment and outside their regular work schedule.

Supplemental Payment Form Instructions for Completion

The Supervisor or Designee completes all five sections of the form and signs on the line titled "Supervisor" in Section VI. **If the appointee is assigned to an academic department, the supervisor area must be signed by the Dean.**

1. Section I – Appointee Information
 - a. Begin date and end date cannot exceed one year. The dates must represent the actual first and last day worked.
 - b. Provide personal information of appointee who you are requesting to be compensated.
2. Section II – Employment Status
 - a. Indicate the type of status of the appointee.
 - b. Please review specific information regarding new hires and current employees.
3. Section III – Account Chart Fields
 - a. Provide the specific chart field accounts for the assignment. **The assignment can only be charged to one account.**
 - b. Failure to provide a valid account chart field, including the account code, may delay processing of payment.
4. Section IV – Explanation of Duties
 - a. Provide a brief description of the duties being performed by the Appointee.
 - b. If the work is being performed by a current employee, use this section to also include a detailed justification of the duties being performed and the dates and times of service.
5. Section V – Method of Payment
 - a. Indicate the method of payment for the assignment.
 - b. **Hours worked per week must be indicated on the form or payment will not be processed.**
 - c. One-Time Lump Sum payment is only permitted if the work is completed in one pay period.
6. Section VI – Required Signatures
 - a. Supervisors are responsible for verifying the completion of work before the final payment is received. If the Appointee terminates prior to the scheduled assignment end date, it is the supervisor's responsibility to notify the Office of Human Resources.
 - b. All required signatures must be received for payment to be made to the Appointee.

Factors That May Result in a Delay of Payment

1. Incomplete or Missing Documentation
 - a. Any fields not properly completed upon receipt of the Supplemental Payment Form in the Office of Human Resources will be returned to the Appointee's supervisor.
 - b. If Appointee is a current employee and a justification is not provided to support the work performed, the Supplemental Payment Form will be returned to the Appointee's supervisor.
2. Late Submission of Supplemental Payment Form
 - a. Supplemental Payment Forms submitted to the Office of Human Resources less than two weeks prior to the start of the assignment, will result in a delay of payment.



SUPPLEMENTAL PAYMENT FORM

Appointee Information

Division: _____ Department/Program: _____

Assignment Begin Date: _____ Assignment End Date: _____ EmpID#: _____

First Name: _____ Last Name: _____

Current Home Address: _____ City: _____ State: _____ Zip: _____

Employment Status

Faculty
 Staff
 Part-time
 Full-time
 Undergraduate/Graduate Student

If Appointee holds or anticipates holding any other position at the College or has held a position at the College within the past year, check here: _____, and list all such positions on back of this form. If Appointee is a current full-time TCNJ employee, attach documentation related to the dates and times of service. If dates and times of service are within the regular work schedule, prior approval from the Office of Human Resources is required.

New Hires: Complete I-9 along with additional new hire documentation in-person in Human Resources-ASB-101. If these forms are not processed prior to the first date of the assignment, pay will be delayed.

Account Chart Fields (Failure to provide a valid chart field combination and/or funded chart field may delay processing)

Fund
 Class
 Dept. ID
 Program
 Proj/Grant
 Account

Explanation of Duties

Provide a brief description of the duties being performed by the Appointee.

Method of Payment:

- Time Cards: If selected, to implement payments, submit bi-weekly time cards to the Payroll Office.
- Bi-Weekly payments are required (**record hours worked per week**).
- One-Time Lump Sum (**only permitted if work is completed in one pay period**).

Rate of Pay per Hour: \$ _____ Total Payment: _____ Hours Worked per Week: _____

Required Signatures

Supervisors are responsible for verifying the completion of work before the final payment is received. If the Appointee terminates prior to the scheduled assignment end date, it is the supervisor's responsibility to notify the Office of Human Resources.

Supervisor: _____
 (If Academic Dept., Dean's Signature) _____ _____
Print Name Date

Human Resources: _____
 (Vice President or Designee) _____ _____
Print Name Date

Office of the Treasurer: _____
_____ _____
Print Name Date

For Grants & Enterprise

Office of the Treasurer,
 Post Award Grants: _____
_____ _____
Print Name Date

Principal Investigator: _____
_____ _____
Print Name Date