

Additional Compensation Memorandum

Date: _____

From: _____ Prepared by: _____

To: _____ Preparer's Phone: _____

RE: Compensation to be paid to: _____

Recipient's 855-number: _____

Provide a description, the date(s) and other details as needed of the activities for which employee will be compensated.

PROJECT TITLE: _____

FUND: _____ ORGANIZATION: _____ PROGRAM: _____

AMOUNT TO BE PAID: _____

1. Employee Certification: I certify that this is a true and accurate record of my time and activities.

Printed Name	Signature	Date
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2. Supervisor or Project Director Certification and Approval for Payment

I certify that the time and effort required to complete these activities by the person named above were undertaken and completed separately and apart from their regular duties as an employee of William Paterson University as well as separately from any other funded project. Documentation of this activity is on file and available for inspection. **I approve payment as indicated.**

Name, Title	Signature	Date
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3. Dean/AVP: I approve payment as indicated.

Name, Title	Signature	Date
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4. Provost's Office: I approve payment as indicated.

Name, Title	Signature	Date
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Instructions: (1) The employee who performs the work prepares this memorandum, signs and forwards to supervisor. (2) The Supervisor or Project Director reviews, signs and forwards to the Dean for the College or AVP for the unit. (3) The Dean or AVP reviews, signs and forwards it to the Associate Provost. (4) The Associate Provost reviews, signs and forwards it to Payroll.

Documentation: Appropriate records documenting that the task or activity was undertaken and completed must be maintained by the Supervisor or Project Director.