

SPECIAL PAYROLL AUTHORIZATION (PA) INSTRUCTIONS

The Special Payroll Authorization (PA) Form is used for individuals whose rate of pay varies over the course of their appointment. The individual may be a faculty lecturer who is paid varying amounts month by month or a graduate student who receives a lump sum payment.

Please remember that you must consult with your Human Resources Consultant prior to offering or designating a salary for a new hire. HR Consultant contact information can be found at <http://www.dartmouth.edu/~hrs/>.

FOR ALL FORMS PLEASE COMPLETE THE FOLLOWING:

Requested Action

Check the relevant box to indicate what action is being taken for this employee.

Employment Status

Check the box that applies to the status of the employee (i.e., Temp, Exempt, etc.) It is important to check all boxes that apply, for instance a person may be Non-Exempt/Hourly Staff and Regular and in a Term Position for X period and Grant Funded.

Full Name

SSN

Department/Organization

FOR NEW HIRES ALSO INCLUDE THE FOLLOWING (* indicates required field):

Section 1: Personal Data

*Name

*Gender

Disabled and Veteran's Status is optional. You are not required nor do we expect you to "ask" the employee for this information. If you know the employee is disabled or a veteran please complete it.

*Social Security Number

*Date of Birth

*Citizenship

*Hinman Box #

Payroll Mailing Address if different from Hinman Box #

*Legal Residence Address (do not use PO). This is essential to ensure proper taxation.

Legal Mailing Address (if different from Legal Residence Address)

Home Phone

*Office Phone

*Visa Type (if applicable)

*Hours/week. For hourly and salaried staff only indicate the standard number of hours they are expected to work each week. Even though these hours may vary week to week, please indicate 40 or 37.5 for full-time and reduced hours if part-time.

*Department/Organization

*Title

- *Office Location
- *Highest Degree and Degree Year (faculty only)
- *Dartmouth Graduate
- *Timekeeping Location

Section 2: Special Payments/Funding/Percentage of Payment

- *Enter the effective dates From and To for the period of time to which a payment amount is attributable. *If the Effective Date is retroactive across calendar years or is more than 60 days in arrears please contact your HR Consultant before completing this form.*
- *Select the appropriate Payment Type based on numbers 1-6 (*See Definitions and Example of Payment Types paid on the Special PA*)
- *Enter the Assignment Number to which the detail relates, if known.
- *Enter Position # - may be found on the position description or budget information
- *Enter G/L or PTAE0 string using periods between segments
- *Enter the Labor Distribution % using a maximum of two decimal places (example .50 to indicate 50%)
- *Enter the Monthly Dollar Amount

Note: If there are varying amounts, please put each different amount as a separate payment.

Section 3: Approvals, Contact Information, Comments

The Special PA form must include all appropriate signatures or it may be returned to you before processing can occur.

- *Primary Contact Name: Enter the name of the person completing the form
- *Phone: Enter primary contacts phone number
- *Today's Date: Enter the date the form was completed and routed for authorized signatures.
- *Authorized signatures – obtain the necessary signatures as designated by your division/department/school and the date signed, and
- *Print the signatory's name.

Comments – if there is further information that may expedite the action please provide the information in the Comment Section.

FOR CHANGES TO INCUMBENT EMPLOYEES COMPLETE THE FOLLOWING:

Section 1: Personal Data

Complete only the information that is changing in this section as well as full name, SSN and department/organization.

Section 2: Position, Funding/Percentage of Payment

Same as Section 2 above.

Section 3: Approvals, Contact Information, Comments

Same as above.