



EMPLOYEE TRANSACTION FORM: Other Compensation

Employee Name: \_\_\_\_\_ Last First

Employee #: \_\_\_\_\_

Dates of Performance: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

AMOUNT: \_\_\_\_\_ FICA Tax (7.65%) will be charged to same Dept budget

Dept. Name: \_\_\_\_\_ Dept. Number: \_\_\_\_\_

GL Account Number:

Payroll accounts: Staff (5102)  Faculty (5100)  Adjunct (5101)

Accounts Payable accounts: Honorarium (5675)  Professional Services (6325)

Other (  )

Check Appropriate Type of Other Compensation:

Bonus  Retro  Additional Contract  Other Services

Comments/Description of Services:

SIGNATURE/APPROVALS:

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Finance Dept. \_\_\_\_\_ Date \_\_\_\_\_

HR Review \_\_\_\_\_ Date \_\_\_\_\_