



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 (5101) _____ Adjunct (5100) _____

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 _____