[redacted]

SUPPLEMENTAL PAY
Personnel Action Form

Prepared by:	
Date:	Ext:

Name: (Last, First)		**Employee ID#**		**Status** ☐ Active ☐ Inactive ☐ On Leave
Title:		**Department:**		

Pay Date:		**Pay Frequency:**	☐ **Gross Up**	☐ **One payment**	☐ **Multiple Payperiods**
Pay Period Amount:		**Total Amount to Pay:**			
Federal tax rate applied in accordance with current IRS regulations for payment of supplemental wages.					

Descriptions *Please use one PAF per supplement*	
Staffing Bonus	**Miscellaneous**
325 ☐ Hiring Bonus	301 ☐ Vet Incentive
305 ☐ Referral Bonus	350 ☐ HNRC Incentive
	351 ☐ Faculty Award/Incentive
Award Programs	322 ☐ Police Detail
312 ☐ Liebner Award	320 ☐ Student Supplement
315 ☐ Mellon Award	399 ☐ Dental Faculty Practice
318 ☐ Recognition Award	303 ☐ Dental Faculty Practice (Prior Fiscal Year)
@WORK Lump Sum Award ✠	319 ☐ Other:
302 ☐ Extraordinary Effort	**Academic/Teaching Supplement**
302 ☐ Special Project/Event	308 ☐ Summer Supplemental
302 ☐ Customer Service	309 ☐ Teaching Supplemental
302 ☐ Innovation/Cost Savings	311 ☐ Exams Supplemental
302 ☐ Other:	313 ☐ Chair Stipend
✠ Briefly document reasons for the selected @WORK award or attach related memo/e-mail:	

ACCOUNT INFORMATION			**REMARKS:**
DeptID	**Proj/Grant**	**Percent**	
		%	
		%	
		%	
	Total:	**100%**	

Department Head/Supervisor Date

Faculty Affairs Officer (For Faculty Only) Date

Budget Center Director Date

HR Signature (@WORK Lump Sum Only) Date

Please send the signed original directly to the Tufts Support Services

Revised: 5/08