

University of Louisville InfoView - Windows Internet Explorer

https://crystalic.louisville.edu/businessobjects/enterprise115/desktoplaunch/InfoView/main/main.do?objId=0

File Edit View Favorites Tools Help

University of Louisville InfoView

UNIVERSITY OF LOUISVILLE

Search title

Organize Filter: All Types


Title	Last Run	Type	Owner	Ins
Flat File Load History Schedule Properties	Never run	Crystal Report	robrow01	0
HR-2 Additional Pay Combo Form Version 3 History Schedule Properties	Never run	Crystal Report	S1021573	0
Missing Country History Schedule Properties	Never run	Crystal Report	robrow01	0
PAY-117 Fiscal Year Payroll by Fund - LTD - 2004 History Schedule Properties Use to report to LLO general fund payroll expenditures and total employees paid during fiscal year.	Never run	Crystal Report	robrow01	0
PAY-172 - Univeristy Club Dues as of History Schedule Properties	Never run	Crystal Report	robrow01	0

Discussions

Error on page.

Click on HR-2 Additional Pay Combo

Security Information

 This page contains both secure and nonsecure items.

Do you want to display the nonsecure items?

Click Yes

Please Provide Information - 1 / 5

You can provide one or more values for this parameter.
Choose or enter a value, then click Select, for each value you want to include.

Emplidprompt:

Value: **Select**

Values: **Delete**

Help **< Back** **Next >** **Cancel**

Enter employee Id number. Then click select

Please Provide Information - 1 / 5

You can provide one or more values for this parameter.
Choose or enter a value, then click Select, for each value you want to include.

Emplidprompt:

Value: **Select**

Values: **Delete**

Help **< Back** **Next >** **Cancel**

After entering employee id value click next

Please Provide Information - 2 / 5

You can provide a single value for this parameter.
Choose or enter the value you want to include.

EffDt:
Enter Requested Effective Date

Value:

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter Year, Month,
Day Format
2009, 03, 01

Please Provide Information - 2 / 5

You can provide a single value for this parameter.
Choose or enter the value you want to include.

EffDt:
Enter Requested Effective Date

Value:

Year	Month	Day
<input type="text" value="2009"/>	<input type="text" value="03"/>	<input type="text" value="01"/>

When you enter click
next

Please Provide Information - 3 / 5

You can provide a single value for this parameter.
Choose or enter the value you want to include.

Action Code:
Please Enter Action Code

Value:

- ADD PAY Additional Compensation
- SUP PAY Supplemental Compensation

Select action code of Add Pay or Sup Pay Then click next

Please Provide Information - 4 / 5

You can provide a single value for this parameter.
Choose or enter the value you want to include.

Position Number:

Value:

Enter a Position Number. Then click next

Please Provide Information - 5 / 5

You can provide a single value for this parameter.
Choose or enter the value you want to include.

Reason Code:
Choose the Applicable Reason Code

Value:

- Adl Duties
- Award
- Car Allow
- Bonus - Restricted

Select a reason code from list. Then click finish

This will create an additional pay comb form and you will need to fill in the correct boxes

Add'l Pay Combo Form

!903030812411550578!B

 Employee ID: Id Number

 Name: Name of Employee

 ID,
Name,
Dept name,
Effective date
Action Code

Faculty - Paid Over 12 Months

Current Dept: Surgery - Plastic

Requested Effective Date: 3/1/2009

Employee Record: 0

Requested Action/Reason: SUP PAY Supplemental Compensation

SUPPLEMENTAL
Example 1 is a correction
BASE APPOINTMENT(S)

Base pay data will appear in this box

Effective Date	Position Number	DEPTID	Department	Job Title	Jobcode	FTE	Salary	EffDt	Account Code	% Dist	Expiration Dt
10/1/07	90007616	4211900623	Surgery - Plastic	Endowed Chair	000222	1.00	112,500.00	7/1/08	E0360-FACSAL	35.670	
								7/1/08	01233-FACSAL	64.330	

Current Additional Pay Data

Current additional pay data will appear in this box

Earn Cd	Seq #	Start Date	Stop Date	Amount	Dept ID	Position #	EffDt	Account Code	% Dist
SUP	1	07/01/2008	06/30/2009	6,250.00	4211900123	Surgery	90011294	07/01/08 C0336-FACSAL	51.320
								07/01/08 E0360-FACSAL	48.680
	2			9,375.00			90011293	07/01/08 C0354-FACSAL	100.000

Requested Additional Pay Data: Please complete all fie

 SUP PAY Supplemental Compen
Adl Duties
Faculty - Paid Over 12 Months

Start Date: 3/1/2009

 Stop Date: 06/30/09

 Periodic Amount: \$6,250.00

 Goal Amount: \$75,000.00

Amount Hours Worked: _____

 Create a new additional or supplemental compensation record?

 Modify an existing SUP? Modify Sequence #: 1
 Modify an existing XPY? Modify Sequence #: _____

Position #: 90007616

Department ID: 4211900623

Job Code: 000222

**JOB CODE NOT XPY
OR SUP**

 If employee is compensated hourly,
attach small time sheet, located at :

<http://louisville.edu/hr/forms/leave-timesheet-forms/SMA>

 or, if in Crystal or Adobe Acrobat, click [HERE](#) .

ATTENTION:

Detailed documentation must be attached.

 Reason: Change PCN from 90011294 to 90007616
Signatures:
Printed Name:
Date:
Contact #:

Department Contact: _____

Required for all actions on this form

Principal Investigator: _____

Required for all additional compensation involving grants

VP/Dean ONLY: _____

Required for all additional compensation

President/Provost: _____

HR Signature 1: _____ Date: _____ HR Signature 2: _____ Date: _____

Corrections will require a dean's signature if \$\$ increase or a change from XPY to SUP pay



Add'l Pay Combo For

Employee ID: Id Number Name: Name of Employee
 Current Dept: Human Resources
 Requested Effective Date: 3/1/2009 Employee Record: 0
 Requested Action/Reason: SUP PAY Supplemental Compensation

ID,
Name,
Dept name,
Effective date
Action Code

!903021432311021573!B
Example 2 New
 Professional Staff

← SUPPLEMENTAL
 Two Dean Signatures Required

BASE APPOINTMENT(S)

Base Data will appear in this box

Required if dept number is different on additional pay position

Effective Date	Position Number	DEPTID	Department	Job Title	Jobcode	FTE	Salary	EffDt	Account Code	% Dist	Expiration Dt
10/1/07	00005428	2319000156	Human Resources	System Analyst	001522	1.00	54,172.00	7/1/08	01058-PNASAL	100.000	

Current Additional Pay Data

Earn Cd Seq # Start Date Stop Date Amount Dept ID Position # EffDt Account Code % Dist

No Current Additional or Supplemental Compensation Data

Current additional pay data will appear in this box

Requested Additional Pay Data: Please complete all fie

SUP PAY Supplemental Compen
Award
Professional Staff

- Create a new additional or supplemental compensation record?
- Modify an existing SUP? Modify Sequence #: _____
- Modify an existing XPY? Modify Sequence #: _____

Start Date: 3/1/2009

Stop Date: 06/30/09

Periodic Amount: \$200.00

Goal Amount: \$800.00

Amount Hours Worked: _____

Position #: 90003535
 Department ID: 4211500823
 Job Code: 000732

JOB CODE NOT XPY OR SUP

If employee is compensated hourly, attach small time sheet, located at :

<http://louisville.edu/hr/forms/leave-timesheet-forms/SMA>

or, if in Crystal or Adobe Acrobat, click [HERE](#) .

ATTENTION:

Detailed documentation must be attached.

Reason: _____

Work on special project HR reports for dept xyz

Give specific project details as to work being performed. Work must be clearly outside current job description because of content, not work volume.

Signatures:

Department Contact: Print department contact

Principal Investigator: Grant funding requires this signature

VP/Dean ONLY: Home department dean's signature

HOME Department VP/Dean ONLY: Additional pay department dean's signature

President/Provost: _____

HR Signature 1: _____ Date: _____ HR Signature 2: _____ Date: _____

This would require both dean's to sign the form.