

Instructions for the Supplemental Pay Form

When to Use: Use the Word template Supplemental Pay Form for Exempt employees

Tips:

- When the cursor is in a data field, press **F1** to get help on how to fill in the data.
- Tab between fields and use Shift + Tab to go back one field.
- Note **Section Headers**, such as Personal Data for Primary Department. The block of information should be considered as a whole.
- Key in names in any format. It will automatically convert to upper case when you tab to the next field.
- Fields such as dates can be entered without all the digits (for example: **6/1/3** will automatically convert to **06/01/03** when you tab out of the field)
- All dates should be entered as **month/day/year**.
- The check boxes can be selected or deselected by clicking.

Enter the Duke Unique ID
If unknown, search at:
<https://dukeid.duke.edu:8882/emailalias/owa/publicsearch>

The **first day** of the effective pay period

Enter the Social Security number

Supplemental Payment Form- Exempt Employees Only

Duke University/Health System SUPPLEMENTAL PAYMENT FORM		
(Please Use F1 HELP Key for explanations in ANY field below)		
DUKE UNIQUE ID #: <input style="width: 80%;" type="text"/>	Effective Date: <input style="width: 80%;" type="text"/>	U.S. SSN: <input style="width: 80%;" type="text"/>
		(required)

Enter employee data, including last name, first name and middle initial, if known. Enter the Org. Key, the job code and title, and the name of the primary department / supervisor.

PERSONAL DATA FOR PRIMARY DEPARTMENT (Printed or Typed Only)			
Last Name: <input style="width: 95%;" type="text"/> <i>(Family Name)</i>	First Name: <input style="width: 95%;" type="text"/> <i>(Given Name)</i>	M.I.: <input style="width: 95%;" type="text"/>	
Primary Org. Key (PayPoint): <input style="width: 95%;" type="text"/>			
Job Code: <input style="width: 95%;" type="text"/>	Job Title: <input style="width: 95%;" type="text"/>		
Org. Unit #: <input style="width: 95%;" type="text"/>	Org. Unit Name: <input style="width: 95%;" type="text"/>		

Enter detailed remarks about the work performed.
*Note: **Students CANNOT** receive supplemental payments between company codes for the Duke Health System and the University/School of Medicine.*

Enter the dates on which the service was performed.

DEPARTMENTAL PAYMENT INFORMATION
Detailed Remarks of Work Performed for This Payment: <input style="width: 95%;" type="text"/>
Date(s) on which service was performed: <input style="width: 95%;" type="text"/>
Supervisor: <input style="width: 95%;" type="text"/>

#	Company Code	Cost Center	Service Type	Service Category	Monthly Payment Amount	Effective Begin Date	Effective End Date	Recur (14)	One Time? (15)
(1)								<input type="checkbox"/>	<input type="checkbox"/>
(2)								<input type="checkbox"/>	<input type="checkbox"/>
(3)								<input type="checkbox"/>	<input type="checkbox"/>
(4)								<input type="checkbox"/>	<input type="checkbox"/>
(5)								<input type="checkbox"/>	<input type="checkbox"/>

Enter the Cost Center or WBS element to be charged (only if different from the primary Cost Center) for the supplemental payment - (nine digits for the Health System and seven digits for the University/School of Medicine).

Name and signature of the supervisor or person authorized in the department to approve the form.

Name and signature of the budgetary authority authorized to approve the form.

Authorized Departmental Signature: _____ <i>(Print Authorized Name and Obtain Signature)</i>	Date: _____	Tel: (____) _____ <i>(Required Information)</i>		
Authorized Budgetary Signature: _____ <i>(Print Authorized Name and Obtain Signature)</i>	Date: _____	Tel: (____) _____ <i>(Required Information)</i>		
Authorized HR Signature: _____ <i>(Print Authorized Name and Obtain Signature)</i>	Date: _____	Tel: (____) _____ <i>(Required Information)</i>		
Prepared By: _____ <i>(Print Name and Obtain Signature)</i>	Date: _____	Tel: (____) _____ <i>(Required Information)</i>		
PAYROLL PAYMENT INFORMATION <i>(For Payroll Use Only)</i>				
#	Recur (14)	One Time? (15)	Wage Type <i>(See Legend)</i>	Detailed Payroll Comments: _____
(1)	<input type="checkbox"/>	<input type="checkbox"/>		
(2)	<input type="checkbox"/>	<input type="checkbox"/>		
(3)	<input type="checkbox"/>	<input type="checkbox"/>		
(4)	<input type="checkbox"/>	<input type="checkbox"/>		
Key for Wage Type (Types of Payment): 1132 = Monthly Supp. Flat Tax 1133 = PPS Lump Sum Monthly 1134 = Monthly Supp. Regular Tax				

IMPORTANT!
Name of person who prepared this form.

**Dates,
Phone
Numbers &
Signatures
Needed**