

# Staff Additional Pay Request

for a temporary assignment

**This form is to be completed and approved by all parties BEFORE the work is conducted.**

## Employee Information

Full Name: \_\_\_\_\_ USNH ID#: \_\_\_\_\_  
Last First M.I.

Home Department: \_\_\_\_\_  
Home Department Name TS Org (6 digits) Home Department Supervisor Name

Current Information: \_\_\_\_\_  
Classification Title FTE Hourly? Salaried? Current Salary or Rate

## Additional Pay Information

Will External Funds Be Used?  Yes\*  No Project Title \_\_\_\_\_ Project Director \_\_\_\_\_

\*If external funds are involved, this form must be signed and approved by Sponsored Programs Administration (SPA).

<input type="text"/>	OR	<input type="text"/>	÷	=	<input type="text"/>	Proposed Date	
<small>Proposed Hourly Rate</small>		<small>Proposed Stipend</small>			<small># of pay periods</small>	<small>Bi-weekly Payments</small>	<small>(must align with pay periods)</small>
						<small>Begin (mm/dd/yyyy)</small>	<small>End (mm/dd/yyyy)</small>

## Reviewed by...

<b>Home Department Supervisor</b>		<b>Finance Division</b>	
_____ <small>Supervisor Signature &amp; Date</small>		_____ <small>Finance Name</small>	
<b>Unit Head (respective Dean, Director, AVP)</b>		<b>SPA (if applicable)</b>	
_____ <small>Unit Head Name</small>		_____ <small>SPA Name</small>	
_____ <small>Unit Head Signature &amp; Date</small>		_____ <small>SPA Signature &amp; Date</small>	
<b>Senior Leadership (respective VP or President)</b>			
_____ <small>Senior Leadership Name</small>		_____ <small>Senior Leadership Signature &amp; Date</small>	

## Approval

**Compensation**

\_\_\_\_\_  
Compensation Name

\_\_\_\_\_  
Compensation Signature & Date

## Policy Quick Facts

Full policy documents can be found at: <https://www.unh.edu/hr/compensation>

**Temporary assignment** pay compensates staff members who are designated to perform the duties of a position with a classification evaluated at a higher job grade for the duration of the assignment, provided all of the following conditions are met:

- The assignment must be a minimum of 30 calendar days.
- The employee accepting the temporary assignment must assume the majority of the responsibilities of the position.
- The assignment occurs when an incumbent resigns, retires, or is absent due to illness, reassignment, or on leave. Temporary assignments will not be approved due to an incumbent taking a vacation, regardless of length of time.

The following guideline applies to **temporary assignments**:

- The assignment must have a beginning and ending date. The assignment will not exceed 12 months.
- The employee's job classification will not change. The employee receiving the temporary assignment will receive a base pay increase beginning on the first day of the assignment and ending on the last day of the assignment.
- The amount of the temporary base pay adjustment will be determined by HR Compensation in consultation with the department.
- When the assignment is complete, the employee's base pay will revert to their former base pay, plus any base adjustments and/or across-the-boards that may have occurred during the temporary assignment.
- The employee will be provided a letter formalizing the temporary assignment. They will sign the letter in acknowledgement before the work is to be conducted and before the temporary base pay adjustment goes into effect. A copy of the signed letter should be forwarded to the HR Partner.
- Non-exempt (hourly) employees will remain non-exempt during the temporary assignment and will be moved into a temporary position with defined term dates.
- Exempt (salaried) employees will receive a stipend on top of their regular salary.

## Process Flowchart

