USF UNIVERSITY OF SOUTH FLORIDA

University Controller's Office - Payroll
Mail Point SVC -1039

FOR PAYROLL USE ONLY

FICA CODE _____ REC#_____

PYGR _____

SAL PLAN_____ COUNTRY_____

Request for Non-Recurring Compensation

Please complete all applicable sections in their entirety*

Submit this form to your HR Department

Note: Unless Claiming Tax Exempt - All Payments Will be Taxed at the Federal Supplemental Percentage.

Employee Name: _____

Employee ID: _____ Emp. Rec. #: _____ Dept. ID: _____

Estimated Hours to Complete: _____ Combo Code: _____

Amount of Compensation: _____ (not to exceed $500)

Dates Work Performed: _____ thru _____ (not to exceed 14 days or 40 hours per week)

☐ Extra Compensation (Has a position at USF, non-Temp, Approved Request for extra comp must accompany this form.

☐ New Hire (Right Start Documents Completed)

☐ Current Temporary or previous employment at USF

☐ Student – include U# _____

(Faculty needs Dean's Signature)

Please provide description of responsibilities and work performed:

I certify that this individual is an employee of this department and has earned the amount requested and has performed the duties and responsibilities stated above.

Prepared By	Date	Extension	Printed Name

Authorized/Approved By	Date	Extension	Printed Name

_____

HR Authorized Signature

FOR PAYROLL USE: PAYMENTS TO FOREIGN NATIONALS

FICA TAX TREATMENT: ☐ FICA SUBJECT **OR** ☐ FICA EXEMPT

NRA TAX COORDINATOR AUTHORIZED SIGNATURE _____ DATE SIGNED _____