

University of Richmond**Faculty Additional Compensation PAF****Employee Information**

UR ID	First	
Last	Earn Codes	
	Full-Time	Part-Time/Adjunct
	Complete Sections 1 and 3	Complete Sections 1, 2 and 3

Section 1 - Complete for all payments.

Payroll Start Date

Payroll End Date

Position #

Total Salary for Term

of Payments

Each Payment

Section 2 - Complete for part-time and adjunct payments.

Days Per Week

x 10 Hours

of Weeks Worked

Total Hours

Hours/# of Payments

Days Worked at UR

Section 3 - Complete for all payments.**Labor Distribution**

Fund	Org	Acct	Activity	Index	%

Comments**Approvals - *As required by your division or department***

Preparer	Date
Approver	Date
Dean/AVP	Date

HR/Payroll Use Only

Human Resources	Date
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