

UNIVERSITY OF NORTHERN COLORADO

PERSONAL SERVICES AGREEMENT (PSA) OR STIPEND REQUEST

Request For Supplemental or Stipend Payment in Additional to Existing Agreement

For instructions and information on this form, go to the UNC website: <http://www.unco.edu/payroll/Personal%20Services%20Agreement.pdf>

Payment Policy

- PSAs are for supplemental wages for regular UNC employees (hourly or Salary) who provide services in addition to and outside of their usual contract duties. This includes adjunct employees that have an existing agreement with the University. Students and Temp employees may not be paid on a PSA.
- PSA payments are subject to federal and state income tax withholding, PERA or ORP pension withholding and Medicare tax, if applicable.
- Classified and exempt employees may receive supplemental payments only under certain conditions. No supplemental payments may be promised to a classified employee until approved by the Director of Human Resources or designee **in advance of the work being performed.**
- Payment must be made within one month of service completion to ensure compliance with State and Federal laws. However, if the duration of the service is for an entire semester, employee may request that the stipend be split over the months of service, otherwise it will be paid at the completion of work. Stipend will be included with any regular monthly pay being received on the last working day of the month.
- Supervisor is responsible for submitting paperwork in a timely manner.

Payee Name: (Last,First, MI)	
Bear #:	Home Org:
Title:	Employee Class: (Faculty/Admin/Classified)
Date(s) service performed: to	Academic Semester/Year

Course information or duties performed for the benefit of the University:

Total Stipend amount to be paid (min \$50)	Pay Once :	Pay monthly over Service dates/Semester:
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Fund	ORG	Acct	Prog	Activity	Percentage

I certify that the above-named employee has been authorized to perform the additional duties as stated above. Payment is authorized from FOAP/s listed.

X _____ Date _____
Employee (I agree to the terms & conditions stated above and have read the above payment policy)

X _____ Date _____
Home Department Supervisor

X _____ Date _____
FOAPAL Signature Authority

X _____ Date _____
Home Department Dean/Director/VP

X _____ Date _____
GRANTS & CONTRACTS (for grant funds only, 32xxx-38xxx)

X _____ Date _____
Provost (Faculty and other)

X _____ Date _____
Human Resources Director (Classified & Administrative Exempt Only)

(To be signed by work supervisor after pre-approval signatures have been obtained)

This certifies that the services described above have been completed or, will be completed prior to date of payment. The Supervisor is responsible to ensure that services are completed before pay is received, and to notify Payroll if payment is to be halted for any reason.

X _____ Date _____
Work Supervisor

Last updated: 10/2010