

**UNIVERSITY OF NORTHERN COLORADO**  
**PERSONAL SERVICES AGREEMENT (PSA) OR STIPEND REQUEST**  
 REQUEST FOR SUPPLEMENTAL OR STIPEND PAYMENT IN ADDITION TO EXISTING AGREEMENT

For instructions and information on this form, go to the UNC website [http://www.unco.edu/acctservices/payroll/psa\\_procedures.htm](http://www.unco.edu/acctservices/payroll/psa_procedures.htm)

**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 may not be paid on a PSA and must be hired through Student Employment.
- PSA payments are subject to federal and state income tax withholding, PERA or ORP pension withholding and Medicare tax, if applicable. Adjuncts or temporary employees are not eligible for University benefits.
- 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.

**Part One**

Payee Name: _____ Last, First, MI		Home Org.: _____	
Bear #: <b>80</b> - [ ] - [ ]	Employee Type: _____ (faculty / admin / classified)		
Title: _____	Semester & Year: _____		
Date/s service performed:     /   /     to:   /   /			

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

Total amount of stipend to be paid (min. \$50): \$ _____						Pay once: _____	Pay over semester: _____
Fund	Org	Acct	Prog	Activity	Percentage (must = 100%)		

**Part Two**

**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  |            |
| X _____  | Date _____ |
| GRANTS & CONTRACTS (for grant funds only, 32xxx-38xxx)   |            |
| X _____  | Date _____ |
| Provost/VP   |            |
| X _____  | Date _____ |
| Human Resources Director (Classified & Administrative Exempt Only)                               |            |

**Please return form to:**

**Part Three (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: 3/28/07

**UNIVERSITY OF NORTHERN COLORADO**  
**PERSONAL SERVICES AGREEMENT (PSA) STIPEND PROCEDURE**

REF: UNC POLICIES ON CONSULTING AND OTHER PROFESSIONAL ACTIVITIES

**SEMESTER PAYOUTS:**

Fall semester is paid out August through December.  
Spring semester is paid out January through May  
Summer semester is paid out June, July, & August

**FORM COMPLETION AND PROCEDURES**

**Part One**

The Supervisor completes all information in Part One, prior to the employee commencing work. Describe in detail the nature of the additional duties and the date/s that the supplemental services were performed (or attach other letters/documents describing the service, as appropriate). On the Stipend Amount line, indicate the gross amount of the payment to be made, and the number of payments or months this amount will be split between.

**Part Two**

**If the employee is Classified or Exempt, Part Two must also be completed, with all signatures including the Director of Human Resources, prior to the work commencing. PSA forms for faculty employees must be signed by the Provost prior to any work commencing. The form must be signed by the employee in advance of the work being performed to ensure agreement by the employee to the terms and conditions for the supplemental pay. In all cases, all signatures must be obtained before payment can be made.**

**Part Three**

The supervisor must certify that the work has been completed or will be completed prior to submitting for payment. Certification may be made by the Supervisor prior to the 15<sup>th</sup> of the month so that payment will coincide with the end of the month for which services were performed. The Supervisor assumes responsibility for notifying payroll if for some reason, the services are not completed.

The completed form must be returned to Payroll Services by the 15<sup>th</sup> of the month to ensure payment on the next regularly scheduled payday. PSA forms lacking required information or signatures will be returned for completion, which may delay payment. If a special check is required for payment on a day other than a scheduled payday, a special check request form must accompany the PSA and there may be a charge to the department.

**OTHER FORMS:** Forms for Vacation, Leave Without Pay and/or Requests for Approval of Off-Campus Consulting, Exempt positions teaching classes during regular work hours, or Professional Activity may be required in conjunction with the PSA/Stipend Request form.

**VARIANCE FROM PROCEDURES** The requirements detailed above are necessary to ensure compliance with State & Federal laws and regulations. Any variances will require justification and special approval by the UNC Controller. Justification must include:

- 1.) Why the procedures were not followed (e.g., Classified services approved in advance, Request for payment submitted within one month of service, etc.)
- 2.) What corrective action has been taken to ensure proper procedures will be followed in the future.
- 3.) Name and phone number of person to contact with questions.

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