

# Saint Louis University

## NON-FACULTY - Additive Pay Form

----- Pay Period -----
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----- Department Name -----
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----- Banner Department Number (Orgn) -----
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Line #	Recipient Name (Last Name, First Name format)	Banner ID Number	Position Number	Earnings Code	Amount of Payment	Fund Number	Organization Number	Account Number	Detailed Explanation
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

ELIGIBLE EARNINGS CODES		Earnings Code Totals	S i g n a t u r e s a n d	Level of Approval	Signature	Name (Printed or Typed)	
CNT	Contractual Obligations			Forms which are received without appropriate backup documentation and legible signatures, as well as printed/typed name, will not be processed and will be returned by Human Resources to the Department Originator			
URW	Unrelated Work			Department Originator			
RCG	Recognition Award			Department Head			
				Unit Vice President			
				UMG CEO, if applicable			
				Funding Approval			
				Human Resources			
<b>Page Total, By Earnings Code</b>			VP for Human Resources				