

Purpose of this Form: To request an activity pay. Requests for faculty or staff should be directed to your [HR generalist](#). Requests for student workers should be directed to your department's designated student transaction initiator. For additional information on how to use activity pay, refer to the [Compensation Guidelines: Activity Pay and One Time Payments](#).

Requestor Information

Name: _____ Andrew ID: _____
 Phone: _____ Email: _____

Payment Recipient Detail

Employee Name: _____ Andrew ID: _____
 Supervisory Org: _____ Pay Frequency: _____
 Position: _____ Academic Period: _____

Activity Pay Details

Activity Pay Reason: _____ Activity Start Date: _____ Activity End Date: _____
 Unit Quantity: _____ Payment Start Date: _____ Payment End Date: _____
 Assigned Unit Rate: _____
 SPA Approval Needed: _____ Currency: _____ Amount*: _____
 Comments: _____

**Threshold approval necessary for activity payments in excess of \$30,000.*

Charging Instructions

GL AMT OR %	FUNDING	FUNCTION	ACTIVITY	COST CTR (ORG)	BUS UNIT (ENTITY)

GA AMT OR %	PROJECT	TASK	AWARD	EXPENDITURE ORG

Requesting Organization Approvers (Standard Approval Flow)

The employee's primary position's approvers will review this transaction. If the employee does not hold a position in your organization, please supply the correct approvers from your department who should approve this transaction before it is paid.

Supervisor

Financial Approver

Supervisor's Supervisor

ALG Member

Human Resources Business Partner

Threshold Approver

For faculty or staff - Submit completed form to your [HR generalist](#).
 For student workers - Submit completed form to your department's designated student transaction initiator.