Instructions for Electronic One Time Pay Contracts

One Time Pay contracts are now available to process electronically through DocuSign. Go to the link below to access the form. The link is located on the Academic Affairs site, under Forms and Procedures: Electronic One-Time Pay Form.

https://academicaffairs.appstate.edu/resources

The requestor (person initiating the contract) will provide the names and emails of all signatures lines. If a line does not apply fill in NA and the reason it does not apply.

It is important the correct emails be included on the form as this determines routing. Providing incorrect email information will delay or stop the OTP.

The same guidelines and policies apply to the electronic OTP as the paper form.

As each person receives, reviews, and approves the document it will be sent on to the next approver.

Once it is completely reviewed and approved it is routed to Payroll.

If you have any questions please contact:

Anni LeaShomb X8018 leashombam@appstate.edu or Sandi Jones jonesso@appstate.edu.
One Time Pay Form

Be sure all fields are accurate and complete

Use only for benefit earning EHRA employees with employee class of F1, F3 or 2F.

Academic Affairs (AA) processes all OTPs and tracks supplemental pay regardless of the division.

Please do not use the word "stipend" anywhere on the form.

All signature lines must be completed. If a line is not applicable, you must indicate NA and note as to why there is not a signature required and add initial and date (example, No chair in SOM).

Form Fields:

Contract between Appalachian State University: Department or area contracting with the individual.

Full Legal Name: Use full name, do not use nicknames or shortened names.

Last 4 of SSN: Needed for Payroll purposes.

Banner ID: Double check the number is complete and correct.

Time Sheet Org#: The department in which the individual normally paid.

Current Employee Class: F1 full time or ¾ time benefit earning faculty, 2F non-teaching EHRA employees, add F3 for faculty in phased retirement. Contact AA with questions about eligibility.

Date/Time of Work: Complete in the format of dates (do not use an attachment). Work over a period of time must have an end date E.G., May 1, 2017-present cannot be used. If fall, spring or academic year include the year (e.g., Fall 2018).

Location: Where work is taking place.

Please describe services: Be concise and brief in this description. DO NOT add an attachment describing services.

Established Position Number: If using a state fund and position number (POSN) is known add it to the form. If POSN is not known contact Business Affairs. If using non-state funds Special Funds or AA will add POSN.


Payment Date: The last working day of the month in which work is completed. One Time Pay contracts cannot be paid prior to the end of work being completed, be sure the pay date is after the last day of work.

Individual: The person providing the services.

Project Director: The project director, principle investigator on the grant funded activity, the person directing or supervising the work being done by the Individual.

Chairperson/Director/Supervisor: The individual’s immediate supervisor must sign.

Dean: The dean in the academic areas or the director of non-academic areas.

Budget Director or Special Funds Director: Budget Director of Business Affairs or Special Funds.

Academic Affairs: Provost for Academic Resources in Academic Affairs or his designee.