

**NOTE: The One Time Pay Form has changed in appearance.  
Be sure to review the form before submission for completion of all fields.**

### **One Time Pay Form Instructions**

#### **IMPORTANT!**

**READ all instructions THEN use the link at the bottom of the document to request a One Time Pay**

For additional guidance see ASU Policy Manual/Supplemental Pay for policies regarding supplement pay to ASU employees <https://policy.appstate.edu/Supplemental Pay>

Supplemental Pay is tracked in Academic Affairs in compliance with UNC Supplemental Pay Policies.  
<https://www.northcarolina.edu/apps/policy/doc.php?id=104>

- All fields must be accurate and complete.
- Signature lines and email addresses must be correct. Incorrect email addresses will result in the form not moving forward.
- Forms with incorrect information, missing or incorrect signatures may be rejected and may result in delay of payment to the individual.
- If there is a question as to who or what should be entered in a field contact Anni Leashomb [leashombam@appstate.edu](mailto:leashombam@appstate.edu) before you submit the form.
- Use only for benefit earning EHRA employees.
- Deans cannot have supplemental pay of any kind. This does not include the Dean of Honor's College, Associate Deans and Assistant Deans.
- SHRA employees, students and non-benefit earning faculty cannot have a One Time Pay (OTP).
- One Time Pays should be completely approved prior to the work starting.
- A late memo is required for OTPs not submitted and/or approved prior to work start date.
  - **The Late memo is to be attached to the OTP form and must include an email justification from the person requesting the OTP be submitted, such as the individual, project director, chairperson, etc. It must be concise and clear.**
- The deadline for completely approved forms **to be submitted to Payroll is the 8<sup>th</sup> of the month**. Begin OTPs well ahead of this deadline to allow all parties time to review and approve.
- **NOTE: Due to volume, OTPs to be paid in June should be submitted no later than May 14<sup>th</sup>**

## Form Fields:

### **Contract between Appalachian State University:**

The name of the department or area contracting with the individual.

### **Full Legal Name:**

*Do not use nicknames or shortened names.* Full legal name is required.

### **Last 4 of SSN:**

Needed for Payroll purposes.

### **BANNER ID:**

Be sure this number is correct.

### **Time Sheet Org#:**

The department in which the individual's regular position is located.

### **Current Employee Class**

**F1:** Full time or  $\frac{3}{4}$  time benefit earning faculty.

**2F:** EHRA non faculty employees.

**Other:** Use only for:

4F – Full time librarians.

2F – EHRA non faculty.

It is not recommended that that OTPs be submitted for F3 – Phased retirees as retirement benefits can be adversely affected.

Most other employee classes are not eligible to be paid on an OTP.

### **Date/Time of Work:**

- Must be in the format of dates (mm/yyyy or mm/dd/yyyy)  
(Example of single date: May 15, 2022 **or** 5/15/2022)  
(Example of date range: Dec. 1, 2022 – Feb. 15, 2023, **or** 12/1/2022 – 02/15/2023)
- Must be the date or date range in which work is being performed.
- There must be an end date. For example, *June 1, 20xx to present*, cannot be used.
- If OTP is for an award use the time period in which the award is given.

### **Location:**

Where the work is taking place.

### **Description of work/services provided:**

- Be concise and brief answering what is being done, when, where and how.
- If work is a course overload provide the course and sections number (see ASU Policy Manual/Supplemental Pay 4.2.3 regarding overloads)

### **Established Position Number**

If using a state fund and position number is unknown contact the Office of Business Affairs.

If using a non-state fund replace the first digit on the fund number with an F. For example, if the fund number is 523456 the POSN will be F23456.

### **Fund:**

### **Org:**

### **Account:**

### **Program:**

Provide accurate FOAP information.

**Payment Date:**

- One Time Payments **CANNOT** be paid prior to work completion. Payment date must be after or on the end date provided in Date/Time of work.
- If the pay date is past, use the next pay date.
- Payment is always the last working day of the month in which work is completed.
- Forms must be completely approved and in Payroll by the 8<sup>th</sup> of the month in which they are to be paid. Be sure to submit forms with enough time for all areas (including Academic Affairs) to approve.

**Fund Type block**

Fund Type	
State (General Fund) 1xx	Endowed Professorships 6x
Education & Technology 333x	Foundation Reimbursed 227x
Student Activity 334x	Recharge Center
Grant 55x	Other Trust Funds
Overhead Receipts 228x	

Select the appropriate fund type you are using. This determines which budget area the form will be routed to for signature.

**Signatures:**

**Individual:** Individual providing services or receiving an award (NOTE: the individual will not receive the form to sign until after all approvers have signed).

**Project director:** Individual directing or supervising work being done.

- **If the individual providing services is also the PD they may sign as PD.**
- If there is no project director, make a note in the *Description of work/services provided:* field stating, “there is no PD”.

**Chair/Director/Supervisor:**

- The direct supervisor of the individual providing services **current regular ASU position.**
- If there is no chair in the academic department (e.g., School of Music) indicate *No chair in department* in the *Description of work/services provided:* field.

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

**Academic Affairs:** CFO in Academic Affairs or their designee.

**Incomplete or incorrect OTPs may be declined and become void.**

**[Click here to request a One Time Pay](https://na2.docuSign.net/Member/PowerFormSigning.aspx?PowerFormId=b4e6d03c-d9b4-4a8b-8779-a3d0ca38751b&env=na2&acct=380775cf-c747-48ec-ba9f-6823795a3fbe&v=)**

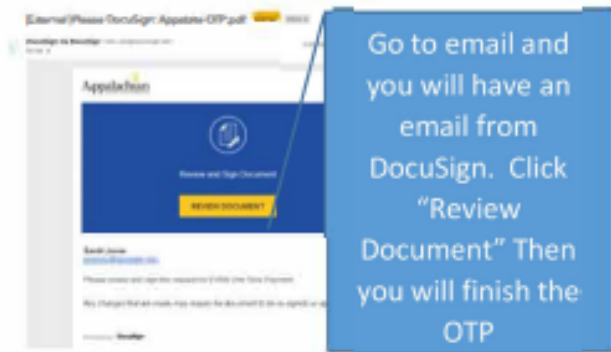
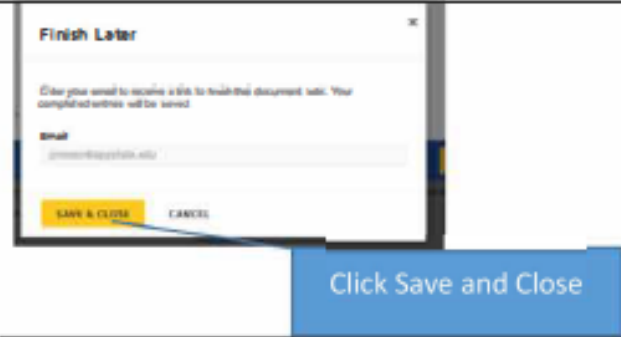
**If the link above does not work copy and paste the address below into your browser**

**<https://na2.docuSign.net/Member/PowerFormSigning.aspx?PowerFormId=b4e6d03c-d9b4-4a8b-8779-a3d0ca38751b&env=na2&acct=380775cf-c747-48ec-ba9f-6823795a3fbe&v=>**

**SEE THE NEXT PAGE FOR HOW TO SAVE AND TRACK YOUR ONE TIME PAYS IN DOCUSIGN**

## Saving and Tracking Your One Time Pay

Complete the first page of the OTP with Names and Email addresses and then click submit.



When you need to check on the status of the OTP, you will go back to the saved email and click "review Document". You will receive a warning message indicating the link has expired. Select "Send me a New Link". When you receive the new link, click "Review Document".

**NOTE: Save this email.**

