

**Plymouth State University Human Resources Office**

Extra Help Appointment Payment Request Form (J-3)

Trans # \_\_\_\_\_

USNH ID Last Name First Name M.I.

Department Building MSC #

Designated Supervisor Start Date End Date

Fund Org Account Activity

*Select One of the Below Choices:*

PNF030 (F7) Teaching Lecturer Part-time (611PFC) Faculty who are expected to be less than 75%\* for the academic year (less than 24 credits/6 units)

PNFL30 (F7) Undergraduate Non-Union Teaching Lecturer Only (611PFC) Faculty who are expected to be less than 75%\* for the academic year (less than 24 credits/6 units)

PNG050 (GA) Graduate Appointments(613N60) Graduate assistants, associate, and research assistants FTE DEFAULT .50

PNS020 (SN) Student Exempt Non-FLSA (61SNNF) Res Life CA's, Student Activities

PNF033 (F7) Teaching Lecturer Supplemental Teaching-Sponsored Research (611BXR) Current Faculty/Staff whose supplemental / overload teaching appointment is expected to be less than 75%\* for the academic year (less than 24 credits/6 units)

Applies only to: Current fully benefited faculty/ staff

PNF032 (F7) Supplemental Teaching (611BXM) Current Faculty/Staff whose supplemental /overload teaching appointment is expected to be less than 75%\* for the academic year (less than 24 credits/6 units)

PNE040 (CE) Part-time Non-Teaching Salaried Appointment (61CPEX, 61CPE2) Casual appointments for current faculty/ staff made for a single event or reoccurring short events

PNE041 (CE) Part-time Non-Teaching Salaried Appointment (61CPEX) Current Faculty/Staff whose total supplemental commitment is expected to be greater than 200 hours, but less than 75%\* time

PCA002 (F7) Faculty/Admin Stipends (611BAS) Ex. Chairs, special administrative stipends

*\*FTE of 75% is defined as 75% of 260 full days for exempt staff; and 75% for the AY for faculty (24cr/6units)*

FTE Total Pay Amount

Briefly state what this payment is for:

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_  
 Cabinet Member or Authorized Direct Report

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Supervisor of Affected  
 Operating Unit

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_  
 Human Resources (If applicable)

Original Revised Addendum Date Received in Human Resources: