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 | Program | Activity | Location

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 _____
Supervisor of Affected of Operating Unit

Authorized by: _____ Date _____
Financial Services Center Representative

Authorized by: _____ Date _____
Human Resources (If applicable)

☐ Original ☐ Revised ☐ Addendum Date Received in Human Resources: