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 (61SNF) 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:

Revised: 11/21/17