Use this form to request Supplemental Payments for Harvard paid employees. The payment will be added to the employee’s next regular paycheck.

|  |  |  |
| --- | --- | --- |
| Employee Name: | HU ID#: | ( Rec # payroll use) 0 |
| Employee’s Home HR Department: \_\_\_\_\_\_SEAS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Job Code/Title |
| Earnings Code**:** Frequently used – **LRB** late reimbursement**SMR** Summer supplemental salary**MVN** Moving expenses***Link to additional earnings codes***[**https://oc.finance.harvard.edu/how-to/earning-or-job-codes**](https://oc.finance.harvard.edu/how-to/earning-or-job-codes) | Reason or Business Purpose:  |
| Off Cycle Check?  |  |
| Earnings Amount  | $ Seq # 1 |
| Tub | Org | Obj. Code | Fund | Activity | Subactivity | Root |
|  |  | Defaults from Earnings Code Can’t enter |  |  |  |  |
| Earnings Amount  | $ Seq # 2 |
| Tub | Org | Obj. Code | Fund | Activity | Subactivity | Root |
|  |  | Defaults from Earnings Code Can’t enter |  |  |  |  |
| TOTAL Payment Amount  | Gross up: No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reimbursee (Late reimbursements only) | Signature |  | Date |  |
| Preparer | Name |  | Date |  |
| Signature |  |
|  |
| Account Approver/RPM (AD for Area Funds) | Name |  | Date |  |
| Signature |  |
|  |
| Area Approval/ADRAF (AD for Area Funds) | Name |  | Date |  |
| Signature |  |
|  |
| Controller or Associate Director of Financial Operations (required for 90-182 day reimbursements)  | Name |  | Date |  |
| Signature |  |