

1. Academic Annual Salary _____
 Administrative/Service/Support

University of Missouri Additional Pay Form

2. Employee Name (last, first, middle initial)	3. EmplID and Empl Rcd #	4. Home Campus	5. Pay Frequency <input type="checkbox"/> Mon <input type="checkbox"/> Biw
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JOB EARNINGS DISTRIBUTION

6. Line No.	7. Earnings Code	8. Effective Date	9. Add'l Seq.	10. Earnings End Date	11. Earnings (Per Pay Period)	12. Hrly/Unit Rate	13. Goal Amount	14. Ok to Pay (HR Use)	15. Business Unit	16. Department	17. Job Code	Account Code	
												18. MoCode	19. Account
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													

20. Dates Work Performed	21. Comments
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22. Where is work to be performed? (IF different than primary job)

State	City
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23. AUTHORIZATIONS:

_____ Signature & Date

_____ Signature & Date

_____ Signature & Date