

GUIDELINES FOR PAYMENT OF FOUNDATION SUPPLEMENTS

A foundation supplement has recently been approved for an employee in your college/unit. These guidelines and form are being provided to you to allow payment of the supplement as expeditiously as possible.

Please complete all sections of the form using the following guidelines. The omission of information could cause a delay in payment.

Recipient's Name and Social Security Number – Must agree with the information in the personnel/payroll system.

College/Department – This should be the department/college authorizing payment of the supplement.

Current Title and Occupational Code – This should be the employee's title and code used for his/her primary employment with the university.

Retirement Plan – If the recipient is a salaried employee, please indicate the retirement plan in which he/she participates. If his/her **total** employment is on OPS, please check N/A.

Start Code – FS Start Code is to be used if payment is for the faculty member's ongoing contract with the university. Other payments (relocation expenses, car allowances) use Start Code FP.

Account – List the 9-digit Miscellaneous Gifts and Grant account from which payment is to be made. This is the account specifically established as an original fund source of the appropriate Direct Support Organization (DSO).

OPS LP# - Because foundation supplement payments are to be made from OPS funds, you must list the OPS LP# of the account listed above and **not** the position number associated with the employee's primary appointment.

Pay Date(s) – The date(s) during the fiscal year when the recipient is to receive payment. Since these payments will be made using the bi-weekly payroll system, the dates must agree with the established dates for bi-weekly pay warrants. Payment of the supplement does not have to be made in one payment, but may be spread over several pay dates, if desired.

Amount – Please indicate the amount to be paid for each pay date. These amounts can vary with each payment or can be the same.

Plan A		or	Plan B	
Pay Date	Amount		Pay Date	Amount
08/11/00	\$ 500		08/11/00	\$1000
12/15/00	\$2000		12/15/00	\$1000
03/09/01	\$1000		03/09/01	\$1000
06/15/01	\$ 500		06/15/01	\$1000
Total	\$4000		Total	\$4000

Total – The total of the payments must agree with the amount approved by the president or the president's designee. All payments for an approved supplement must be included on one form.

Signatures – This form is to be signed by individual's authorized to approve payments of foundation supplements. By signing the form, the signer is certifying that the appropriate funds from the DSO have been deposited into a Miscellaneous Gifts and Grants account specifically established as an original fund source of the DSO. Sufficient funds should be deposited to cover the payment plus the employer's matching charges. It is the responsibility of the college /department to ensure that payments are reconciled to the amount deposited.

The form should be completed and printed out for signature. The original is to be sent to the Academic Personnel Office, 29 Tigert, PO Box 113005 for processing of **all** foundation supplements. Please call Janet Malphurs, 352-392-1251, or email her at jmmaliph@ufl.edu for assistance.