

**EMORY UNIVERSITY PAYROLL DEPARTMENT
REQUEST FOR SUPPLEMENTAL PAY**

Faculty

Payroll deadlines: **BIWEEKLY**-Must be received in the Payroll Office, 310 Administration Building, SEVEN working days prior to the Biweekly pay date. ~~A timesheet must be attached.~~
MONTHLY-Must be received in the Payroll Office, 310 Administration Building, by the 3rd of each month to be paid on the 15th.

PAYMENT APPROVED
 RECEIVED

Employee Name Nemeroff, Charles B., MD PhD Department # 4990

PRINT OR TYPE LAST NAME, FIRST NAME

Empl ID [REDACTED] Empl Record Number [REDACTED] Social Security Number [REDACTED]

Reasons for Supplemental Request:

SCHOOL OF MEDICINE
 SEP 29 8 00 AM
 REFER TO: _____

(FDH) Fulton-Dekalb Hospital Authority

Other. Please specify earnings code.

JUSTIFICATION OF PAYMENT: Honorarium for organizing supplement (\$3,000) and sharing honorarium for manuscript preparation for Depression and Anxiety Supplement w/ Co-author Dr. Kamy Reuber (\$1,500). This work performed outside normal work day.

Earnings Code	Dates Performed	Hours/Days Worked	Rate	Gross Pay	10 Digit Account Number
406	9-2000			\$4,500	[REDACTED]

Total Hours _____ Total Gross \$4,500

Note: Dates performed should reflect the actual days worked according to the respective pay period. If the assignment is monthly, please use a separate line for each month in which duties were performed.

If the assignment is biweekly, please indicate the actual days worked according to biweekly pay period dates.

Departmental Approval [REDACTED] Date 9-20-00 Phone 7-8383

Dean/Director Approval [Signature] Date 9/29/00 Phone _____

FOR PAYROLL USE ONLY

OGCA Review _____ Payroll Audit Review _____ Data Entry Confirmation _____
 Revised 01/99