Encumber Funds in FAMIS

1. Go to FAMIS Screen 754 - Payroll Enc Adjustment-Wage
2. Screen: _______ BLANK
   Type:
   Account: enter acct #     Pin: I999999999      Blanket Enc: Y
   Hit Enter then tab to
   Ref/Doc ID: Person’s Last Name
   Increase/Decrease: I
   Adjustment: Salary: Amount to be encumbered

3. Hit Enter/ Hit F5/Hit enter again to exit out of screen. If multiple encumbrances have been entered on the same account, then you will receive a pop up so just hit enter to clear screen.
4. After all encumbrances have been entered go to FAMIS Screen 758 to check encumbrances for all accounts.
5. The encumbrance will be titled “Blanket Encumbrance”.
6. Hit F11 to see person’s last name.

**If you make a mistake (ex. Encumber funds in incorrect account) follow steps except in Increase/Decrease line type D to decrease the amount or “reverse” the entry.**
4. Route Form

Departments

- Sign form and forward to Human Resources. After HR processes they will forward to Budget department. Budget department will verify the encumbrances have been processed correctly and then forward to Payroll.
# One-Time Payment Request Form

**Purpose:** To request payment for an employee or student of Texas A&M University-Corpus Christi or other Texas A&M University System member who is in an active position in Workday.

**Note the following:** An additional job in Workday must be created for work that is recurring. Nonexempt employees must be paid overtime unless the employment is occasional and sporadic, solely at the employee’s option, and in a different capacity than that in which the employee regularly engages.

<table>
<thead>
<tr>
<th>Payment Request</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Name</strong> (Last, First Middle)</td>
</tr>
<tr>
<td><strong>Date Work Began</strong></td>
</tr>
<tr>
<td><strong>Total Payment Requested</strong></td>
</tr>
<tr>
<td><strong>Department Requesting Payment</strong></td>
</tr>
</tbody>
</table>

## I. Select the Type of Payment Being Requested

Select one of the options below, complete Section II, and route for approvals.

- Payment for occasional and sporadic work performed within a one- or two-day time frame
- Relocation expenses - *must include copy of appointment letter*
- Payment to a student who has participated in a university activity
- One-time merit request
- Internal Faculty consulting and professional services
- Sponsored research or other sponsored agreements
- Thesis Chair
- Payment for teaching, preparation or Faculty collaboration that aids or results in a benefit to instruction
- Request from another TAMUS member to pay an employee
- Other

## II. Description of Payment

Give a detailed description of payment. Attach supplemental documentation as needed.
Payroll Stipend Pay Form – NON-EMPLOYEE/NON-SERVICE

**PAYROLL OFFICE STIPEND FORM:**
FOR NON-SERVICE STIPEND RECIPIENTS ON SPONSORED PROJECTS ONLY

<table>
<thead>
<tr>
<th>Definition of Payment Types:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Support Costs are direct costs for items such as stipends or subsistence allowances, travel allowances and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with meetings, conferences, symposia or training projects.</td>
</tr>
<tr>
<td>Stipends or Subsistence Allowances- to help defray the costs of personal maintenance while participating in a conference or training activity, participants may be paid a stipend, per diem or subsistence allowance, based on the type and duration of the activity as outlined in the program solicitation and in the grant.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recipient Name (Last, First MI):</th>
<th>Amount of Stipend Payment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee ID (UIN):</td>
<td>Pay Component:</td>
</tr>
<tr>
<td>Sponsored Project Account:</td>
<td>Continuing Education</td>
</tr>
<tr>
<td>Project Start Date:</td>
<td>Project End Date:</td>
</tr>
<tr>
<td>Activity Start Date:</td>
<td>Activity End Date:</td>
</tr>
<tr>
<td>If applicable, Visa Type:</td>
<td></td>
</tr>
<tr>
<td>Student Degree Level:</td>
<td>Citizenship Status:</td>
</tr>
<tr>
<td>Country of Residence:</td>
<td></td>
</tr>
</tbody>
</table>

I confirm that I have received at least one payment through TAMUCC Payroll this calendar year (January-December).

I understand that I am solely responsible for payment of taxes as a result of any reimbursement for education that may be found to be taxable. I also understand that any decision made on behalf of Texas A&M University – Corpus Christi to withhold or not withhold taxes from educational reimbursements do not constitute tax advice. I agree to hold the University harmless from any claim associated with the University’s withholding of payroll taxes.

I understand that the acceptance of this payment may have an effect on my current and/or future financial aid package. It is my responsibility to contact the Financial Aid Office to understand the impact this award may have on my financial aid.

Recipient Signature: Date:

I certify that the individual receiving this award is eligible, and that the costs are allowable per the sponsor’s guidelines. The Participant Costs are for stipends or subsistence allowances, travel allowances, and/or registration fees paid to, or on behalf of, participants or trainees in connection with conferences or training. This is not considered a payment for services rendered.

Principal Investigator/Project Director/Authorized Representative’s Signature: Date:

OSRA Approval Signature: Date:

Budget Encumbrance Signature: Date:

Payroll Completion Signature: Date:

PLEASE REMIT TO THE PAYROLL OFFICE FOR PROCESSING

Revised 12/14/18
# Academic Supplemental Pay Form

## ACADEMIC SUPPLEMENTAL PAY

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>(Required)</td>
</tr>
<tr>
<td>Name</td>
<td>(Required)</td>
</tr>
<tr>
<td>ID</td>
<td>(Required)</td>
</tr>
<tr>
<td>Budgeted Pay</td>
<td>(Required)</td>
</tr>
<tr>
<td>Title</td>
<td>(Required)</td>
</tr>
<tr>
<td>Department</td>
<td>(Required)</td>
</tr>
<tr>
<td>9/12 Zone Base Salary</td>
<td>(Required)</td>
</tr>
<tr>
<td>Contact Person</td>
<td>(Required)</td>
</tr>
<tr>
<td>Contact Phone (Ext.)</td>
<td>(Required)</td>
</tr>
</tbody>
</table>

**Filing Department:** [Select Faculty/Staff]

**Total Payment Requested:** [Enter Amount]

**Account Responsible Person:** [Enter Name]

**Description of Work to be Performed and Current Workload:** [Enter Details]

### 1a. Overload Status:
- [ ] Large Class
- [ ] Course Load Exceeds Full-time Load or % of Effort

### 1b. Overload Notes:
- [ ] Other:

### 2a. Misc. Academic Assignments:
- [ ] Professional Service (See Reg. 31.960)(a)
- [ ] External Funding (See Reg. 31.960):
- [ ] Chair:
- [ ] Other:

### 2b. Estimated F.

### 3a. Payment Terms:
- [ ] Lump Sum
- [ ] Other:

### 4a. Start Date:

### 4b. Estimated Completion Date:

### PRE-CERTIFICATIONS:

- [ ] I hereby certify that the above duties are outside my normal duties and will be performed outside of my normal workday. (Exception: Large Class Overloads)

### Accountability Person:

### Approvals:

1. [ ] Academic Dean (Name) Date
2. [ ] Provost & VP for Academic Affairs Date
3. [ ] Other (Name) Date
4. [ ] Budget Date