

PORTLAND COMMUNITY COLLEGE

Human Resources Department

This form is to be used for authorizing pay for non-benefited job assignments *not* covered by Electronic Personnel Action Forms (EPAFS.) Supporting employment documents need to be attached to this form when submitted for new hires; I-9, W-4, Application, Employment Information Form (EIF).

CHOOSE ONE OF THE FOLLOWING:				
NEW / ADDITIONAL JOB		CANCELLATIONS		
<input type="checkbox"/> Department Chair/Faculty Assessments <input type="checkbox"/> Special Pay Rate (memo signed by Executive must be attached) <input type="checkbox"/> CO-OP/Practicum <input type="checkbox"/> DL Over the Max <input type="checkbox"/> Academic Professional Teaching-Part of their AP job (stipend) <input type="checkbox"/> Academic Professional Teaching-NOT part of their AP job (overload)		<input type="checkbox"/> Class/Instructor Canceled on suffix no. _____ <input type="checkbox"/> Cancel total pay <input type="checkbox"/> Cancel existing authorization, pay _____ hours. If reduction is due to absence, report on 'Leave Report for Part- time Faculty'.		
CHANGES TO EXISTING JOB		OTHER		
<input type="checkbox"/> Job Labor Account Override on suffix no. _____ <input type="checkbox"/> Increase pay hours on suffix no. _____		<input type="checkbox"/> Other (explain)		
SECTION 1 - COMPLETE FOR ALL				
ID	Name	Position No.	Dept ORG Code	
SECTION 2 - NEW/ADD'L JOB CHECKED ABOVE OR INCREASE OF JOB HOURS				
Job Title/Description of Work				
Work Performed From	Work Performed To	Hourly Rate x Hours Authorized = Total Pay (only if new or changing hours)		
		\$ _____ x _____ hrs = \$ _____		
SECTION 3 - CLASS ASSIGNMENT INFORMATION (CO-OP/PRACT/DL OVER ONLY)				
Subject/Course No.	Course Reference No. (CRN)	Attendance Method	Year/Term	Total Pay (DL Over only)
SECTION 4 - SPECIAL PAY RATE ONLY				
Executive Approved Special Pay Rate Memo Attached <input type="checkbox"/> YES <input type="checkbox"/> NO				
SECTION 5 - LABOR DISTRIBUTION ACCOUNT OVERRIDE ONLY				
New Effective Date	New Account No. (FOPAL)			

SIGNATURES

Supervisor (Print): _____ Ext: _____ Date: _____

Completed By (Print): _____ Ext: _____ Date: _____

Authorized Signature
(Print & Sign): _____ Date: _____

Miscellaneous (MAP) Authorization for Pay (Bi-Weekly) Instructions

PCC is an Equal Opportunity Employer and is committed to a policy of nondiscrimination for all people regardless of race, color, religion, gender, age disability or national origin.

This form is to be used for authorizing pay for non-benefited job assignments: to include special projects, guest presenters, faculty chair work, and other job assignments *not* covered by Electronic Personnel Action Forms (EPAFS.)

Mark one of the boxes to inform Human Resource Information System (HRIS) what action is being taken. If this is a change to an existing authorization, provide the suffix number. List of existing job authorizations and suffix numbers is available on Banner form NBIJLST. Supporting employment documents need to be attached to this form when submitted for new hires; I-9, W-4, Application, Employment Information Form (EIF).

THE FOLLOWING INFORMATION MUST BE PROVIDED:

Pay Type	Complete the following Sections
Dept Chair/Faculty Assessment	1, 2
Special Pay Rate	1,2,4 + Executive Approved Special Pay Rate Memo MUST be attached
CO-OP/Practicum	1,2,3
DL Over the Max	1,2,3
Academic Professional Teaching	1,2,3
Job Labor Account Override	1,5
Increase Pay Hours	1,2
Cancellations	1,3
Other	1 + Other sections as needed (+ section 2 if new job, + section 3 if job is for a class, etc.)
Explanation of Form Fields	
Section 1 -- Complete for all	
Banner ID	Banner ID for the employee being hired.
Name	Legal name as appears on employee's social security card.
Position No.	Use Banner form NBIPORG for your department's approved position numbers
Dept Org Code	The department organizational code where the employee is working, such as S80100 - Human Resources Dept.
Section 2 – New/add'l job or increase in job hours	
Job Title / Description of work	Briefly describe the work to be performed. This may be used to create the job title.
Suffix	For a change to an existing job. This can be found by looking up the job in NBAJOBS / NBIJLST.
Work Performed From/To	The first day work is to begin and the last day of work on job assignment. <i>If left blank, the last day of the last pay period of the current fiscal year will be assumed.</i> Important note: These dates are used for unemployment purposes.
Hourly Rate	Refer to the PCC Casual Employment Compensation Guideline and Faculty & Academic Professional Agreement for rates allowed.
Hours Authorized	Estimate of hours to be worked by this individual. <i>Note: Hours are not encumbered, nor will pay stop if hours are exceeded.</i>
Section 3 – Class Assignment Information (CO-OP/Practicum/DL Over only)	
Subject/Course No.	As appears in SIAASGN or SSASECT.
Course Reference No.	As appears in SIAASGN or SSASECT.
Year/Term	Enter the year / term work is performed.
Attendance Method	Attendance method as listed on SSASECT.
Total Pay	For DL over the max only.
Section 4 – Special Pay Rate Only	
Executive Approval Special Pay Rate Memo Attached	Only Executives can sign for Special Pay Rates. Executives are district and campus presidents, District VP, VP Academic and Student Affairs, and VP of Administrative Services.
Section 5 – Labor Distribution Account Override Only	
Effective Date	The date the labor distribution change is to take effect.
New Account No (FOPAL)	The new Banner FOPAL you want this job charged to.
Signatures	
Supervisor	Person providing direct supervision of employee.
Completed By	The person who completed this form and who is the contact for additional information.
Authorized Signature	The Management employee who has been given budget expenditure authority by their Campus President.