

EXAMPLE 6

MONTHLY - Supplement

You are the Business Affairs Manager for the College of Veterinary Medicine. You are responsible for submitting personnel and budget amendment documents. The Director notified you that the **Program Specialist II** is receiving a **\$3,000 annual** administrative supplement for **3 months** effective **10/01/2016**.

The department number is **900**. The position short title is **CLRMNXXA** and job class code is **10391**. The current annual salary is **\$47,476**. The position is paid from account **1011GH900000**, object code **51110**.

The following are calculations that you will need when filling out the personnel document.

Step 1		
Pay Periods		
# of months in Fiscal Year	x	1 pay check per month = Pay Periods in Fiscal Year
12		12

Step 2		
Monthly rate for "A" position		
Annual Salary	/	# of Pay Periods in Fiscal Year = Monthly Rate or Rate per Pay Period
\$47,476		12 \$3,956.33

Step 3		
Position Budget for "A" position		
Monthly Rate	x	# of working months = Position Budget
\$3,956.33		3 \$11,869

Step 3		
Position Budget for "B" Position		
Annual Salary	+	Supplement Amount = Adjusted Annual Salary
\$47,476		\$3,000 \$50,476

Step 3 continued		
Position Budget for "B" position		
Adjusted Annual Salary	/	Pay Periods in Fiscal Year = Monthly Rate
\$50,476		12 \$4,206.33

Step 3 continued		
Position Budget for "B" position		
Monthly Rate	x	# of working months = Position Budget
\$4,206.33		3 \$12,619

Step 3		
Position Budget for "C" position		
Annual Salary	/	Pay Periods in Fiscal Year = Monthly Rate
\$47,476		12 \$3,956.33

Step 3 continued		
Position Budget for "C" position		
Monthly Rate	x	# of working months = Position Budget
\$3,956.33		6 \$23,738

EXAMPLE 6

MONTHLY - Supplement

Step 4			
EFT for "A" Position			
Position Budget	/ Annual Salary	=	EFT
\$11,869	\$47,476		0.25000

Step 4 continued			
EFT for "B" Position			
Position Budget	/ Annual Salary	=	EFT
\$12,619	\$50,476		0.25000

Step 4 continued			
EFT for "C" Position			
Position Budget	/ Annual Salary	=	EFT
\$23,738	\$47,476		0.50000

EMPLOYEE PERSONNEL REPORT

UNIVERSITY OF GEORGIA

DOCUMENT NO.	PAGE	DATE	FY	DEPARTMENT PHONE	COLLEGE OR DIVISION
900551224	1 of 2	09/26/2016	17	7065422802	
DEPARTMENT / PROJECT			PRI DEPT	HIGH DEGREE	INSTITUTION
WEBDFS TRAINING CLASS			027		
UGAID	LAST NAME	FIRST NAME/INITIAL	MIDDLE NAME/INITIAL	SUFFIX	
HOME STREET OR ROUTE NO. (LINE 1)		NON-WORK PHONE	BIRTH DATE	SPOUSE'S NAME	CHAIR
HOME STREET OR ROUTE NO. (LINE 2)		UNIVERSITY PHONE	CITIZEN OF	I-9	VISA
			United States	Y	
HOME CITY	STATE	ZIP + 4	UNIVERSITY BLDG. NAME	BLDG NO/FLOOR/RM	
			BUSINESS SERVICES	0110 / / 0B99D	

UGA EMPLOYMENT HISTORY
 (C) CURRENT (P) PREVIOUS
 DATE / /

PAY TYPE
M

UGA % TIME	ACTION MO DA YR
100 000	10/01/2016

(1) FULL BENEFITS
 (E) EXEMPT (N) NON-EXEMPT (T) TIPPED
 (M) MALE (S) SINGLE (Y) FACULTY RANK
 (F) FEMALE (M) MARRIED (N) NON-FACULTY
 HISPANIC OR LATINO/A
 WHITE AFRICAN AMERICAN ASIAN
 AMERICAN INDIAN/ALASKA NATIVE NATIVE HAWAIIAN/OTH PAC ISLAND

FOR PAYROLL DEPT USE ONLY

FED EXM	STATE EXM	OASDI	RETIRE	GDCP	COUNTY MONEY (PER PAY PERIOD)
		HI	EIC		

COOP. EXT. EMPLOYEES ONLY

UGA SALARY	—
COUNTY MONEY	—
TOTAL	—

PAYROLL PAYMENT DISTRIBUTION

(1) DEPARTMENT DISTRIBUTION CODE 100

TRX	HOME DEPT	SHORT TITLE	POSN NO.	APPT. BEGIN MO DA YR HR	APPT. END MO DA YR HR	JOB CLASS CODE	POSITION TITLE	POS % TIME	C N	FULL TIME ANNUAL SALARY	S C	SUPPLEMENT AMOUNT
	900	CLRMN	55A	07 01 16 00 0	09 30 16 08 0	10391	PROGRAM SPECIALIST II	1 00000	N	47476		
	900	CLRMN	55B	10 01 16 00 0	12 31 16 08 0	10391	PROGRAM SPECIALIST II	1 00000	N	50476	A	3000
	900	CLRMN	55C	01 01 17 00 0	06 30 17 08 0	10391	PROGRAM SPECIALIST II	1 00000	N	47476		

PAYROLL AUTHORIZATION

TRX	HOME DEPT	SHORT TITLE	POSN NO.	ACCOUNT	FISCAL YEAR		FROM THRU AMOUNT PER PAY PERIOD / HOURLY RATE	MO DA YR HR		
					EFT	BUDGET		MO DA YR HR	MO DA YR HR	MO DA YR HR
	900	CLRMN	55A	1011GH900000	0 25000	11869		07 01 16 00 0	10 01 16 00 0	01 01 17 00 0
	900	CLRMN	55B	1011GH900000	0 25000	12619		09 30 16 08 0	12 31 16 08 0	06 30 17 08 0
	900	CLRMN	55C	1011GH900000	0 50000	23738				3956 33
TOTALS					1 00000	48226		3956 33	4206 33	3956 33

REASON CODES

(H) Revise Distribution of Salary
 (Q) Other ADDING \$3,000 SUPPLEMENT

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DOCUMENT NO.	PAGE	DATE	FY	DEPARTMENT/PROJECT
900551224	1 of 1	09/26/2016	17	WEBDFS TRAINING CLASS
UGAID	LAST NAME	FIRST NAME/INITIAL	MIDDLE NAME/ INITIAL	SUFFIX

BUDGET POSITION

UNIVERSITY OF GEORGIA BUDGET AMENDMENT

TRX	HOME DEPT	SHORT TITLE	POSN NO.	APPT. BEGIN MO DA YR HR	APPT. END MO DA YR HR	JOB CLASS CODE	POSITION TITLE	POS % TIME	C N	FULL TIME ANNUAL SALARY	S C	SUPPLEMENT AMOUNT
	900	CLRMN	55A	07 01 16 00 0	09 30 16 08 0	10391	PROGRAM SPECIALIST II	1 00000	N	47476		
	900	CLRMN	55B	10 01 16 00 0	12 31 16 08 0	10391	PROGRAM SPECIALIST II	1 00000	N	50476	A	3000
	900	CLRMN	55C	01 01 17 00 0	06 30 17 08 0	10391	PROGRAM SPECIALIST II	1 00000	N	47476		

BUDGET AMENDMENT (PERSONAL AND NON-PERSONAL SERVICES)

TRX	HOME DEPT	SHORT TITLE	POSN NO.	ACCOUNT	OBJECT	DESCRIPTION	CURRENT EFT	CURRENT BUDGET	CHANGE EFT	+	CHANGE AMT	-	REVISED EFT	+	REVISED BUDGET
	900	CLRMN	55A	1011GH900000	51110	MONTHLY PAYROLL	1 00000	47476	0 75000	-	35607	-	0 25000		11869
	900	CLRMN	55B	1011GH900000	51110	MONTHLY PAYROLL			0 25000	+	12619	+	0 25000		12619
	900	CLRMN	55C	1011GH900000	51110	MONTHLY PAYROLL			0 50000	+	23738	+	0 50000		23738
	900	LBCLR	L A	1011GH900000	51130	HOURLY BI-WEEKLY	-1 79800	-47476	0 02800	-	750	-	-1 82600		-48226
TOTALS							-0 7980		0 02800	-			-0 8260		

FUNDING SOURCE (DEPARTMENTAL INCOME OR CONTINGENCY)

TRX	ACCOUNT	OBJECT	FUNDING SOURCE	CHANGE AMT	+-

REMARKS / REFERENCE

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