

Encumber Funds in FAMIS

1 - Default: 3270 (tammvs1.tamu.edu)

File Edit Transfer Fonts Options Tools View Window Help

F6538 Please enter a valid six digit SL account
754 Payroll Enc Adjustment-Wage 07/24/08 16:01
FY 2008 CC 15

Screen: ____ Account: ____ PIN: I999999999 Blanket Enc: Y
Thru Month: 7 July

Acct Title:
Current Occupant: BLANKET ENCUMBRANCE
UIN/SSN:

Ref/Doc ID: ____

Increase/Decrease: _

	Current Amt	Adjustment	New Amount
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Salary:	_____	_____	_____
Benefit:	_____	_____	_____
Longevity:	_____	_____	_____

Transactions: 19 Amount: 4,570.34 Batch: 4627MA Date: 07/24/2008
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Hmenu Help EHelp Post Warns

1 Sess-1 128.194.103.18 TAMT2024 4/25

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.

Payroll Stipend Pay Form – NON-EMPLOYEE/NON-SERVICE



TEXAS A&M UNIVERSITY
CORPUS CHRISTI

Prepared by: _____

Ext.: _____

PAYROLL OFFICE STIPEND FORM:

FOR NON-SERVICE STIPEND RECIPIENTS ON SPONSORED PROJECTS ONLY

Definition of Payment Types:

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.

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.

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

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:
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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:
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OSRA Approval Signature:	Date:
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Budget Encumbrance Signature:	Date:
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Payroll Completion Signature:	Date:
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PLEASE REMIT TO THE PAYROLL OFFICE FOR PROCESSING

Revised 12/14/18

Clear Form

Print Form

Academic Supplemental Pay Form

[Print Form](#)

ACADEMIC SUPPLEMENTAL PAY

Date:		<p>Payment for Work that is over and above regular workload or positions: Use this form to process a payment for teaching, preparation or faculty collaboration that a title or results in a benefit to instruction, allow the employee Faculty or Staff regular workload or position. Payment for Authorizations: Account Responsible Person, Dept Chair/ Dept Head authorizing supplemental pay is responsible for ensuring completion and compliance with relevant rules and regulations or to contact Payroll in the event of a change in the substance of the assignment. For supplemental payments other than overload, Payroll will mail the account responsible person a confirmation of completion of work one week prior to the stated completion date. Payment and Processing: Payment will be made, after completed approval and processing, according to the next scheduled biweekly payroll. Please allow a business day after all signatures are received to process the payment. Relevant Policies, Rules and Regulations: The relevant system policies, System Regulations, University Rules and University Procedures can be found on TAMU-CC Payroll website. Paying Department to Provide a Contact: Please provide a contact person that will be able to answer questions about this transaction.</p>
Name:		
UIN:		
Budgeted Pta #:		
Title:		
Department:		
9/12mo Base Salary:		
Department Contact:		
Contact Phone Ext.:		

☐ Faculty ☐ Staff

Paying Department: Total Payment Requested:

Account # to Charge Payment: Account Responsible Person:

☐ Fall (9/1-1/5) ☐ Spring (1/16-5/2/1) ☐ Maymaster (one payment) ☐ SS1 (6/1-7/15) ☐ SS2 (7/16-9/2/1)

Description of Work to be Performed and Current Work Load:

1a. Overload description	2a. Misc. Academic Assignments:	2b. Estimated # of weeks/hours
<input type="checkbox"/> Large Class <input type="checkbox"/> Course Load Exceeds Full-time Load or % of Effort	<input type="checkbox"/> Professional Services (See Reg. 22.68.02)	
	<input type="checkbox"/> External Funding (See Reg. 22.68.06)	
	<input type="checkbox"/> Thesis Chair	
	<input type="checkbox"/> Other: 	
1b. For Overloads: Course Name / Number: # of SChs: 		
2c. Payment Terms: <input type="checkbox"/> Lump Sum <input type="checkbox"/> Other: 		
2d. Start Date: 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. (Except Large Class Overload)

 Employee Signature Date

I hereby certify that the additional duties to be performed by the above referenced employee are outside his/her normal work duties and will be performed outside of his/her normal work hours.

 Account Responsible Person Date Department Head/Primary Employing Dept Date

APPROVALS:

1. 2.
 Employing College Dean Date Provost & VP for Academic Affairs Date

3. 4.
 Assoc. VP Research & Scholarship Activities
 (If External Funding) Date Budget Date