**LEHIGH UNIVERSITY PAYROLL OFFICE - MISCELLANEOUS COMPENSATION REQUEST FORM**

**Instructions:** This form may be submitted to the Payroll Office to request payment of one-time compensation if all of the following conditions are met**\***:

1. Recipient is not currently receiving any other type of compensation from Lehigh University as faculty, staff or working student; and
2. The services were rendered to the University over a total time period of **two weeks** or less; and
3. The dollar amount does not exceed **$2,000**; and
4. The recipient has not received a Miscellaneous Compensation payment from Lehigh University within the last **six months**; and
5. The services provided are properly classified as employee (not independent contractor) services**\*\***

**Please note: ATTACH original I-9, W-4 and Residency Certification forms to this request if the individual has not been paid by the Payroll Office in the last 6 months.** Payments will be issued on the bi-weekly pay schedule. Please see the Payroll Office website for a schedule of bi-weekly pay dates and for I-9, W-4 and Residency Certification forms and instructions.

***\*To request a one-time payment to a full time faculty or staff member, please submit an Additional Compensation Form. If all conditions for this form cannot be met, or to request payment for part-time faculty, staff or working student, please use an Hourly Timesheet or establish a Short Term Appointment.***

\*\* Individuals who teach, counsel, advise, or coach students must always be paid as employees. Some examples of independent contractor payments (paid through Accounts Payable) include the following (contact Payroll or Accounts Payable Offices for more information):

|  |  |
| --- | --- |
| * Honorarium for very short term guest speakers (1-2 days) | * Contract consulting provided by an individual with multiple clients |
| * Compensation to provide contract writing, editorial, photography services, announcing, or musical performance | |

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LIN(Lehigh ID Number)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Amount of pay** ($1 - $1,999)**:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of employment services rendered:**

**Starting and ending dates services were rendered** (no longer than 2 week time frame)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Mgr/Authorized Signer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ **Index to charge:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date

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| **Office of Research Approval (for indexes: 212693-212999, 529xxx-549999, 590xxx-590999, 603500-603999):** | | **Dean’s Approval for all indexes:** | |
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| **Name (Sign/Print)** | **Date** | **Signature** | **Date** |