

Overview: The **Create New Payment** action on the Supplement iForm is used to create a new supplemental payment for a Duke employee. It is used any time a new supplement is established. Keep in mind the following guidance around supplemental payments:

The supplemental payments and the Supplement iForm only apply to exempt (monthly) employees.



- Supplemental payments should not be paid in advance of the work being performed. IForm cannot be future dated.
- Supplemental payments can be one-time or can be set-up for multiple months.
- The Supplement iForm is available from the Staff tab in iForms and on the Grants Management Tab on the Effort and Payroll Tools and Reports page under Employee Data Search.
- Multiple supplement iForms can be processed simultaneously. Make sure to coordinate payments as appropriate.
- <u>GAP 101.6, Supplemental Payments to Exempt Employees</u> provides guidance on processing supplemental payments.

Step 1

Enter the **Name** or **DUID** of the employee receiving the supplement and select **Start.** When the employee's information is returned, select **New Forms.** From the **Staff Forms** page, select **Supplemental Pay.**

IForms Views: My Staff Search													
Personnel No: 00105642													2,
First Name:	Pernr	Name	Position	PYA	Pers Subarea	Org Key	Status	iForm	Data Sheet	Detail	Supe Pernr	Supe Name	
	00105642	KURT COBAIN	50018422	UM	EXEMPT	DD24	Α	New Forms	Print	Detail	00746156	SAMMY DAVIS	JR
1 Hits Found								Î					
			Staff	For	ms				s	Staff Fo	orms		
			KURT (COBAI	N					Reque	est for Cost D	istribution Cha	inge
			DUID 001056 Organi	42 zatio	n					Manua Persor ECRT	al Salary Cos nal Data Cha Worksheet C	t Transfer nge Current Fiscal Yea	rear
			505610	17 Su	pplement test2		_			Supple	emental Pav		
			Positio	n						Termin	nation		
			500184	22 CL	INICAL RESEA	ARCH NU	RSE CO			Rate a	and Schedule	Change	
			Job Co	de						Leave	of Absence		

Questions? Corporate Payroll Services – via email: payroll@duke.edu or via phone: 919-684-2642



Step 2

From the Supplemental Payments page, in the Request Data section of the iForm, use the drop down menus to select the **Supplement Action Create New Payment** and the **Reason for Payment** using the drop-down menus.

Header Data					
Employee: KURT COBAIN	00105642	Employ	vee Status: Active		
Organizational Assignment: Supplement test2	50561017	Pa	vroll Area: MONTH	нгу	UM
Organizational Key: HEART CENTER SBR	UM DD24		Job Code: CLINIC	AL RESEARCH NURSE	E C 00001203
Request Data					
Primary Routing Org Unit 50561017 Supplement	test2 (6860504	050)			
Alternate Routing Org Unit 00000000			Select: Suppler	ment Action	52 ×
Supplement Action: 2 Create New Payme	ent		occost oupper		23 11
				Hide Advanced Search Re	sult <= 500 items Go
		Update Reason:	C	Reason Text:	C
\		Items (3)			
		Update Reason	Reason Text	at .	
		0 2	Create New Payment	11.	
		3	End Existing Payment		
Supplement Action					
reason "2" creates a new					
				Hide Advanced Se	arch Result <= 500 ite
payment.	Re	eason for Change:	C	Reason Text:	
Select the most	Iten	s (45)			
appropriate Peason for	Ch	ange Reason a	≜ Reason Text		
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Payment from the	02		HONORARIUM		
available ontions	0 03		CLINICAL LEAD RES	SPONSIBILITIES	
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	0 05		1/9th ANNUAL RATE	-SUMMER PYMI	
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Please note: Additional	0 09				
	0 00		TUTORING	STINE JOB DOTT	
P information may be required	1.114		.0101010		
information may be required	0 10		MUSICAL PERFORM	ANCES	
niformation may be required based upon the Reason for	0 10 0 11		MUSICAL PERFORM RESEARCH WORK -	ANCES - SPECIAL PROJ.	

Step 3

Enter information about the supplement.

S	upplements														
	Start Month	End Month	Nbr of Payments	Service Begin Date	Service End Date	Company	Cost Center	WBS Element	Cost Object Description	n ST	SC Amour	t Note Nbr	Action	Pay Rsn	Pay Rsn Text
0	(i) No record	ds found													
Num	Start Mo ber of Payme	nth:	A. B.	C End Mont	th: C.										
9	Service Start [Date:		Service End Da	ite:	🗇 🖸									
	Compa	any:	СР <mark>Е.</mark>	Cost Cente	er:	WBS:		Cost Object	t Description: 🛛 📕)					
	Service Ty	ype: 60		Service Catego	ry: 🛛 🗗 🌘	G.									
	Amo	unt:	0.00 H.												
Add	Edit Dele	te Clear Fi	elds												

- **A. Start Month:** Month when supplement begins (recurring) or month when supplement is issued (one-time).
- **B.** Number of Payments: Number of months the payment will be issued. Enter "1" for a one-time payment.
- **C. End Month:** Last month the payment will be issued. Auto-populates based on the Start Month and the Number of Payments.
- **D.** Service Start/End Date: Provides detail on when the activity supporting the payment occurred.
- **E. Company:** Company Code of the entity responsible for the funding source.
- F. Cost Center/WBS Element/Cost Object Description: The Duke cost object to which the supplement will be expensed. Cost object description is the text associated with the cost object number.
- **G.** Service Type/Service Category: The Duke general ledger account associated with the payment. The Service Type is always 60. Users will select the Service Category from the drop-down. Drop-down options will vary based upon the position.



Please note: Service Category is not required for health system positions.

H. Amount: Monthly amount of the supplemental payment.

Questions?

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Step 4

Once information is entered about the supplement, select **Add**. The supplement payment displays in the **Supplements** grid.

Request Data	
Primary Routing Org Unit 50561017 Suppleme	int test2 (6860504050)
Alternate Routing Org Unit 00000000	
Supplement Action: 2 Create New Pay	ment
Reason for Payment: 28 [] MOBILE DEVIC	
Supplements	
Start Month End Month Nbr of Payments	Service Begin Date Service End Date Company Cost Center WBS Element Cost Object Description ST SC Amount Note Nbr Action Pay Rsn Pay Rsn Text
 i) No records found 	
Start Month: MAY-2022	EP End Month:
Number of Payments: 5	
Service Start Date: 04/28/2022	Service End Date: 09/30/2022 🕮
Company: 0010	Cost Center: 1573205 WBS: Cost Object Description: OFC OF EDUC FOR RESEARCH ADMIN & FINANCE
Service Type: 60	Service Category: 00 C
Amount: 75.00	
Add Edit Delete Clear Fields	
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Sup	Jements 🔰
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O M.	V4/-2022 SEP-2022 5 04/28/2022 09/30/2022 0010 1573205 OFC OF EDUC FOR RESEARCH ADMIN & FINANCE 60 00 75.00 A
	Start Month: End Month:
Number	of Payments:
Sen	/ce Start Date: Service End Date:
	Company: CP Cost Center: WBS: Cost Object Description:
	Service Type: 60 Service Category:
	Amount: 0.00
Add	tdt Detete Clear Fields

Step 5

Using the free text field, provide the **Supplemental Detail** to describe the payment. This field is required and subject to internal and external audit. Add **Attachments** to support the payment as necessary. Do not include any personal or protected information.

 Supplemental Detail 	
Mobile device payment as p	rsonal cell phone is required to be used during work day.
Attachments	
No file chosen	
Attached Documents	
emove Selected Files	

Questions?

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Pay Rsn Pay Rsn Text 28 MOBILE DEVICE



Step 6

Provide **Comments** as appropriate to assist with approval or to serve as a reference for others who may look at the payments. Comments are not required. Please remember that comments become part of the permanent SAP record. Ensure comments do not include any personal or protected information.

 Comments 	
	Enter your comments here:
Comments are not required but can be helpful as a historical record or to provide information to approvers.	

Step 7

Select **Check** to validate that information contained in the iForm is consistent and to trigger error or warning messages.

Request Data	
Primary Pouling Over Linit _50551017 Sumplement test2 (685050(050))	
Supplement Action: 2 Create New Payment	
Reason for Payment: 28 MOBILE DEVICE	
Supplements	
Start Month End Month Nbr of Payments Service Begin Date Service End Date Company Cost Center WBS Element Cost Object Description	ST SC Amount Note Nbr Action Pay Rsn Pay Rsn Text
MAY-2022 SEP-2022 5 04/28/2022 09/30/2022 0010 1573205 OFC OF EDUC FOR RESEARCH ADMIN &	& FINANCE 60 00 100.00 A 28 MOBILE DEVICE
Start Month: End Month:	
Number of Payments:	
Service Start Date:	
Company: Cost Center: WBS: Cost Object Description:	
Service Type: 60 Service Category:	
Amount: 0.00	
Add Edit Delete Clear Fields	
Supplemental Detail	
Attachments	
No file chosen	
Attached Documents	
	Displays once Check is
Remove Selected Files	
> Comments	selected, confirming information
> Status Overview	is consistent.
Submit Save as Draft Check Close Window	
	The form data you entered is consistent
	The form data you entered is consistent
Questions	?

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Step 8

Once data is confirmed, select **Submit** to send the iForm through your business unit's approval process.

Request Data	а													
Primary Routing	Org Unit 505	61017 Suppleme	nt test2 (686050405	0)										
Alternate Routing	g Org Unit 000	000000												
Supplement Activ	ion: 2 Cr	eate New Paymen	nt											
Reason for Paym	nent: 28 N	OBILE DEVICE												
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Supplement	ts													
Start Month	h End Month	Nbr of Payments	Service Begin Date	Service End Date	Company	Cost Center	WBS Element	Cost Object Description	5	ST SC An	nount Note Nbr	Action Pa	ay Rsn I	Pay Rsn Text
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Start M	fonth:		End Mor	nth:										
Number of Paym	nents:													
Service Start	t Date:		Service End D	Date:										
Comp	ipany:	9	Cost Cen	iter:	WBS:		Cost Object	Description:						
Service 1	Type: 60		Service Catego	ory:										
Am	nount:	0.00												
Add Edit Del	lete Clear Fie	elds												
Suppleme	intal Detail													
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Submit Save as	Draft Check	Close Window	w											
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Leave of Absence
Confirmation
Your request was created under the following number: 401763186 Close Window

Displays once **Submit** is selected and iForm enters the approval workflow.



Additional Guidance

When creating a new supplemental payment, additional action buttons are available and may be helpful when establishing a payment.

If users add new payment information in error and need to erase the line, select the radio button beside the line to be removed and select **Delete**.

Start Month	End Month	Nbr of Payments	Service Begin Date	Service End Date	Company	Cost Center	WBS Element	Cost Object Description		ST SC	C Amount Note Nb	r Action	Pay Rs	n Pay Rsn Text
MAR-2022	MAY-2022	3	03/01/2022	05/31/2022	0010	1573205		OFC OF EDUC FOR RESEAR	CH ADMIN & FINANCE	60 00	500.00	А	02	HONORARIUM
0														
Start Mor	nth: MAR-2	022	End Mo	nth: MAY-2022										
Number of Paymer	nts: 3													
Service Start D	oate: 03/01/2	2022 🛅	Service End D	ate: 05/31/2022										
Compa	any: 0010	c	Cost Cer	ter: 1573205	WBS:		Cost Object	Description: OFC OF EDUC	FOR RESEARCH ADMII	N & FIN	ANCE			
Service Ty	/pe: 60		Service Categ	ory: 00 🕒										
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Add Edit Delet	Clear Fie	lds												
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Add Edit Detet	Clear Fie	Supple	ments Month End Month o records found tart Month: Payments: Start Date: Company: rvice Type: 60	Nbr of Payments	Service Br	egin Date Se End Month: ice End Date Cost Center: ice Category:	ervice End Date	Company Cost Center WE	BS Element Cost Obje	ect Desc	ription ST SC An	nount No	ote Nbr	Action Pay Rsn

If users add new payment information and want to edit information once it is added to the grid, select the line and update the information in the data fields as appropriate. Select **Edit** to update the line in the grid.

	1	Supplements	s																											
		Start Month	n End	Month I	Nbr of Paym	nents S	Service Beg	(in Date	Service	e End Date	Company	y Cost Center	r WBS Elemen	t Cost Obje	ct Description	n		ST SC	Amount	Note Nbr	Action	Pay Rsn	Pay Rsn Tex	t						
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						5	Start Month	h End M	Month	Nbr of Pay	yments s	Service Begir	n Date Servic	e End Date	Company	Cost Center	WBS Element	t Cost	Object L	escription	1			ST SC	Amoun	t Note Nb	r Action	Pay Rsn	Pay Rsn Te	ext
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