

# SUPPLEMENT IFORM

## EDITING A SUPPLEMENTAL PAYMENT

**Overview:** The “Update Existing Payment” action on the Supplement iForm is used to update supplemental payment information. Reasons an update might be necessary include:

- Change in cost object used to fund the supplement;
- Change in end date for a supplement;
- Change the amount of a supplement.

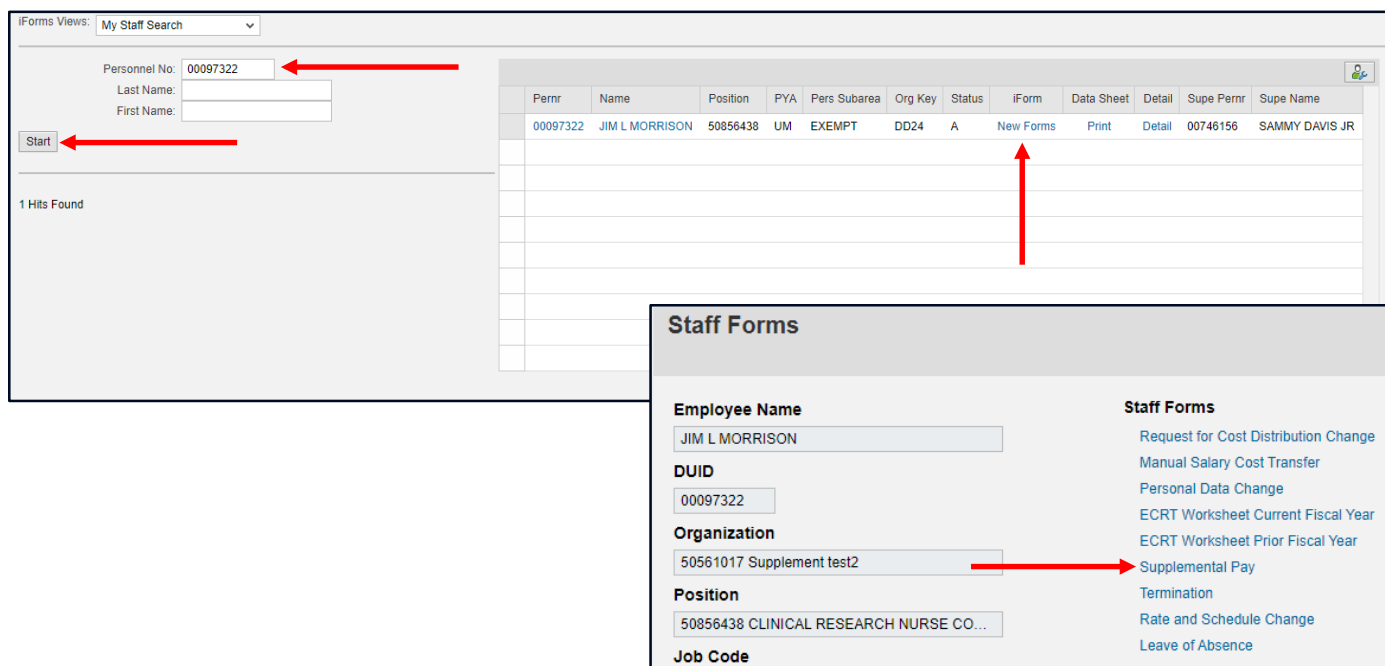


When making changes, keep in the mind the following:

- Payments cannot be changed retroactively;
- All payment details must be adjusted to support the change.
- If an edit is already being processed for a supplemental payment, the edit for that payment has to be fully approved before another edit can be made.

### 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**.



The screenshot shows the iForms system interface. On the left, the 'My Staff Search' section has a 'Personnel No.' field with the value '00097322'. Below it are 'Last Name' and 'First Name' fields. A 'Start' button is located below these fields. A red arrow points from the 'Personnel No.' field to the 'Start' button. Below the search fields, it says '1 Hits Found'.

On the right, a table displays the search results. The table has columns: Pernr, Name, Position, PYA, Pers Subarea, Org Key, Status, iForm, Data Sheet, Detail, Supe Pernr, and Supe Name. The first row contains the following data: 00097322, JIM L MORRISON, 50856438, UM, EXEMPT, DD24, A, New Forms, Print, Detail, 00746156, and SAMMY DAVIS JR. A red arrow points from the 'New Forms' link in the 'iForm' column to the 'Staff Forms' section below.

The 'Staff Forms' section is a modal window with two columns. The left column, titled 'Employee Name', contains fields for 'JIM L MORRISON', 'DUID' (00097322), 'Organization' (50561017 Supplement test2), 'Position' (50856438 CLINICAL RESEARCH NURSE CO...), and 'Job Code'. The right column, titled 'Staff Forms', lists several options: 'Request for Cost Distribution Change', 'Manual Salary Cost Transfer', 'Personal Data Change', 'ECRT Worksheet Current Fiscal Year', 'ECRT Worksheet Prior Fiscal Year', 'Supplemental Pay', 'Termination', 'Rate and Schedule Change', and 'Leave of Absence'. A red arrow points from the 'Supplemental Pay' option to the 'Organization' field in the left column.

Questions?

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### 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 of Update Existing Payment**.

Supplemental Payments

Header Data

Employee: JIM L MORRISON 00097322

Employee Status: Active

Organizational Assignment: Supplement test2 50561017

Payroll Area: MONTHLY UM



Organizational Key: HEART CENTER SBR UM DD24

Job Code: CLINICAL RESEARCH NURSE C 00001204

Request Data



Primary Routing Org Unit 50561017 Supplement test2 (6860504050)

Alternate Routing Org Unit 00000000

Supplement Action:   Update Existing Payment

Select: Supplement Action

Hide Advanced Search Result <= 500 items Go

Update Reason:  Reason Text: 

Items (3)


Update Reason	Reason Text
<input checked="" type="radio"/> 1	Update Existing Payment
<input type="radio"/> 2	Create New Payment
<input type="radio"/> 3	End Existing Payment

### Step 3

Select the radio button associated with the supplemental payment to be updated. The data entry fields populate with the data from the selected line.


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
<input checked="" type="radio"/> SEP-2021	JUN-2022	10	09/01/2021	06/30/2022	0010	4419455		ECHO OPERATIONS	60	19	100.00	0004020239702	C	28	MOBILE DEVICE


Start Month: SEP-2021 

End Month: JUN-2022


Number of Payments: 10

Service Start Date: 09/01/2021 

Service End Date: 06/30/2022 


Company: 0010 

Cost Center: 4419455

WBS: 

Cost Object Description: ECHO OPERATIONS

Service Type: 60

Service Category: 19 

Amount: 100.00

Update Clear Fields

Questions?

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### Step 4

Using the beginning of the current month as the start date, update all payment information to indicate correct information as of **Start Month** in the form.

*Example: Updating the cost object in March supporting a payment that began in September.*

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
SEP-2021	JUN-2022	10	09/01/2021	06/30/2022	0010	4419455		ECHO OPERATIONS	60	19	100.00	0004020239702	C	28	MOBILE DEVICE

Start Month:  End Month:

Number of Payments:

Service Start Date:  Service End Date:

Company:  Cost Center:  WBS:  Cost Object Description: ECHO OPERATIONS

Service Type: 60 Service Category:

Amount:

*Example: Changing the payment amount in March for a payment that began in September.*

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
SEP-2021	JUN-2022	10	09/01/2021	06/30/2022	0010	4419455		ECHO OPERATIONS	60	19	100.00	0004020239702	C	28	MOBILE DEVICE

Start Month:  End Month:

Number of Payments:

Service Start Date:  Service End Date:

Company:  Cost Center:  WBS:  Cost Object Description: ECHO OPERATIONS

Service Type: 60 Service Category:

Amount:



**Please note:** Failure to adjust all fields to be in alignment with the payment's **Start Month** will trigger hard errors once **Submit** is selected. These errors must be corrected before the iForm can be submitted into workflow for approval.

Questions?

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### Step 5

Once updated information is added, select **Update**. This action updates the grid with the edited information.

The screenshot shows the 'Supplements' form with the following details:

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
SEP-2021	JUN-2022	10	09/01/2021	06/30/2022	0010	4419455		ECHO OPERATIONS	60	19	100.00	0004020239702	C	28	MOBILE DEVICE

Below the table, the form fields are as follows:

- Start Month: MAR-2022
- End Month: JUN-2022
- Number of Payments: 4
- Service Start Date: 03/01/2022
- Service End Date: 06/30/2022
- Company: 0010
- Cost Center: 4419455
- WBS:
- Cost Object Description: ECHO OPERATIONS
- Service Type: 60
- Service Category: 19
- Amount: 150.00

The 'Update' button is highlighted with a red arrow.

The screenshot shows the 'Supplements' form with the following details:

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
MAR-2022	JUN-2022	4	03/01/2022	06/30/2022	0010	4419455		ECHO OPERATIONS	60	19	150.00	0004020239702	U	28	MOBILE DEVICE

Below the table, the form fields are as follows:

- Start Month:
- End Month:
- Number of Payments:
- Service Start Date:
- Service End Date:
- Company:
- Cost Center:
- WBS:
- Cost Object Description:
- Service Type: 60
- Service Category:
- Amount: 0.00

The 'Update' button is highlighted with a red arrow.

### Step 6

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.

The screenshot shows the 'Supplemental Detail' and 'Attachments' section of the form.

**Supplemental Detail**

Changing payment amount as a result of increased phone usage.

**Attachments**

No file chosen

Attached Documents

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Questions?

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### Step 7

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.

### Step 8

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

Displays once **Check** is selected, confirming information is consistent.

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### Step 9

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

Request Data

Primary Routing Org Unit 50561017 Supplement test2 (6860504050)

Alternate Routing Org Unit 00000000

Supplement Action: 1 Update Existing Payment

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
<input type="radio"/> MAR-2022	JUN-2022	4	03/01/2022	06/30/2022	0010	4419455		ECHO OPERATIONS	60	19	150.00	0004020239702	U	28	MOBILE DEVICE

Start Month:

End Month:

Number of Payments:

Service Start Date:

Service End Date:

Company:

Cost Center:

WBS:

Cost Object Description:

Service Type: 60

Service Category:

Amount:  0.00

Update

Clear Fields

Supplemental Detail

Attachments

No file chosen

Upload

Attached Documents

☐

☐

Remove Selected Files

Comments

Status Overview

Submit

Save as Draft

Check

Close Window

Supplemental Payments

Confirmation

Your request was created under the following number:402064595

Close Window

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