ARIZONA STATE UNIVERSITY

Office for Research &
Sponsored Projects Administration

Revised: 11/02/2020

Additional Pay Form 310

This form documents the University's compliance with U.G. 2 CFR Part 200, ACD 510-02, ACD 510-04, & SPP 404-02. See WI-EP-130 for additional guidance.

A. PROJECT INFORMATION

Project Title

Grant #

Principal Investigator

B. EMPLOYEE'S INFORMATION

Full Name

ASU Affiliate ID

Home Department

Institutional Base Salary

Time Period during which additional pay will be earned

Total additional pay for the time period

(Claim daily DPA ratefor days working in excess of 4 hours

C. ADDITIONAL PAY TYPE (earn code)

Honoraria (HNR)

Instruction Supplement (ISP)

Danger Pay Allowance (DPA)
(Claim daily DPA ratefor days working in excess of 4 hours
Monday-Friday, including university recognized holidays)

Stipend – exempt employee (STI)

Intra-university consulting pay (ICS)

D. JUSTIFICATION

a. Describe the work the employee will do for the additional pay.

b. How will the project benefit from this work? (For DPA, attach approved travel expense report with airfare itinerary.)

c. Based on the Institutional Base Salary listed above, explain how the Employee's rate of pay was determined. (For DPA, attach daily detail calculation.)

E. ELIGIBILITY SCREENING for additional pay

Check box to denote that stated condition has been met. Additional pay is only permitted if all conditions are met.

Additional pay is for work that is above and beyond the employee's regular ASU duties and is ordinarily provided outside normal work hours. *(DPA – N/A)*

Employee is not named as an investigator on the project. *(DPA – N/A)*

Employee's institutional base salary is not being funded by the project. *(DPA – N/A)*

Employee will perform the work for a department, center or academic unit other than the employee's home department;
OR Employee will perform the work at a separate or remote operation *(provide description/DPA location)*

Documentation of sponsor approval is attached.

F. PRINCIPAL INVESTIGATOR CERTIFICATION

I confirm that the employee's additional pay is calculated based on his/her institutional base salary and is within the ASU limit for additional pay. I further certify that the additional work of the employee is required to accomplish the goals of the project.

Principal Investigator's Name | Signature | Date

G. EMPLOYEE'S CHAIR AND DEAN CERTIFICATION

I have read the above and agree that all conditions stated on this form have been met and the employee qualified for additional pay.

Employee's Home Chair's Name | Signature | Date

Employee's Home Dean's Name | Signature | Date

SUBMIT COMPLETED FORM AND SUPPORTING DOCUMENTATION TO SPNMonitoring@ASU.EDU TO OBTAIN ORSPA APPROVAL
ALL SIGNATURES REQUIRED - EMAIL APPROVALS ARE PERMITTED | SUBMIT PTR IN PEOPLESOFT AFTER ORSPA APPROVAL IS RECEIVED