Yale

CHARGING INSTRUCTIONS FOR FACULTY COMPENSATION
Required for all transactions involving compensation

Instructions: For all transactions involving compensation, complete and email this form to the Office of Faculty Administrative Services (OFAS) at faculty.admin@yale.edu. This form is used to obtain the necessary approvals of the compensation and charging instructions from the Provost's Office if appropriate.

Note: If yours is not the supervisory organization for the faculty member use this form to provide compensation instructions to that organization.

Prepared by: _____ Date: _____

Dept: _____ Phone: _____

1. FACULTY INFORMATION (SHOULD MATCH WORKDAY)

Last Name: _____ First Name: _____

Position/Rank: _____ Employee # or NetID: _____

Supervisory Organization Name (Primary Dept.): _____

Is this faculty member in your supervisory organization?   Yes   No

*If not, this form will need to be authorized by the paying department and sent to the faculty member's supervisory organization for entry into Workday. In this case please provide enough information in the "Additional Information" box below for them to be able to enter the appropriate reason for this compensation into Workday.

Signature of Non-supervisory Organization: _____ Name: _____
                                            Name   Date

2. COMPENSATION INFORMATION (for this transaction only)

Reason: _____ FTE % time (=scheduled hrs/40): _____

Effective start date for this compensation: _____ End (stop) date: _____

Compensation amount (Total of this transaction only): $_____

Additional information:

[   ]

3. CHARGING INSTRUCTIONS

Please indicate who will be entering the charging into Oracle: _____

Please verify that the PTAEO you are submitting is a valid working PTAEO by using the PTAEO validator (click here). Note: Be sure to select "Labor" for the Transaction Type. This information is required regardless of who is entering the charging into Oracle.

Project	Task	Award	Award Source and Information	Exp Type	Org #	Start Date day month year	End Date day month year	%

must total 100%

Final Authorization(s):

FAS Dean's Office   Provost's Office

_____   _____
Name   Date   Name   Date

Office of Faculty Administrative Services use only

Notes: _____

Reviewed by: _____ Approved in WD by: _____
              Name   Date   Name   Date