

EXCEPTION TO NORMAL PAY (ENP)

Northeastern Oklahoma A&M College

EMPLOYEE ID NUMBER	EMPLOYEE NAME (Last, First, Middle)	ECLASS	PAYING ORGANIZATION
POSITION CLASS	TITLE	ORGANIZATION NAME	

POSITION	SUFFIX	PERIOD (MMDDYYYY)		EARNINGS CODE	HOURS	AMOUNT	FUNDING				
		FROM	TO				FUND	ORGN	ACCT	LOCN	
Totals											

<p>Remarks:</p>	<p>CERTIFICATION: I have first hand knowledge of the activity described above. I certify that it is a reasonable estimate of the work performed, documented, and completed.</p>
<p>If the employee is a non-U.S. citizen, verify prior to employment that the hours worked will not cause the employee to exceed work hours authorized by the work permit.</p>	<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Approval</div> <div style="width: 30%; border-top: 1px solid black; padding-top: 5px;">Date</div> </div>
<p>This form prepared by:</p>	<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Approval</div> <div style="width: 30%; border-top: 1px solid black; padding-top: 5px;">Date</div> </div>
<div style="display: flex; justify-content: space-between;"> Name Phone Date </div>	

GENERAL INSTRUCTIONS:

1. Payroll Signup forms must be attached for new employees or the form will be returned to the originating department.

EMPLOYEE ID NUMBER	EMPLOYEE NAME (As on your Social Security Card using Last, First Middle)	ECLASS	PAYING ORGANIZATION
A#####	Employee, Ima Good	#X	#####

1. Enter the employee’s university CWID number preceded by an A.
2. Enter the employee’s name AS IT APPEARS ON THE SOCIAL SECURITY CARD using a Last Name, First Name, Middle Name format.
3. Enter the 2-digit EClass.
4. Enter the 6-digit organization number of the department issuing the ENP.

POSITION CLASS	TITLE	ORGANIZATION NAME
#####	Wonderful Employee	Wonderful Department

1. Enter the 5-digit Position Code (like HRS Class Code) for the employee being paid.
2. Enter the title or description for the position code entered in the preceding space.
3. Enter Paying Organization’s Name.

ECLASS	PERIOD (MMDDYYYY)		EARNINGS CODE	HOURS	AMOUNT	COA	FUNDING				
	FROM	TO					FUND	ORGN	ACCT	PROG	LOC
Totals											

1. ECLASS: Enter the applicable ECLASS.
2. PERIOD: Enter the beginning (FROM) and ending (TO) dates corresponding to the work performed.
3. EARNINGS CODE: Enter the appropriate earning code for the work performed.
4. HOURS: For non-exempt employees, enter the actual hours worked. For exempt employees who are performing a job based on a contractual amount, enter the approximate hours worked for ACA purposes.
5. AMOUNT: If the payment is based on a contractual amount or specific pay for a job done, enter that amount. If the payment is based on an hourly rate, calculate and enter Hours X Rate = Amount.
6. FUNDING: Enter the accounting system funding (COA, FUND, Organization, Account, Program, and Location). The ENP will be charged to this funding. **NOTE:** If the ENP payment is to be split between two or more funding sources, separate HOURS and AMOUNTS must be calculated and entered for each unique funding.
7. TOTALS–Hours: Sum the hours entered in the HOURS column and enter in the TOTALS line.
8. TOTALS–Amount: Sum the amounts in the AMOUNTS column and enter in the TOTALS line.
9. TOTALS–Rate: The RATE may be omitted for exempt employees. For non-exempt employees, enter the hourly straight time rate. For regular hours the rate equals AMOUNT / HOURS. For overtime hours the rate equals AMOUNT / 1.5 / HOURS.
10. Description of Work Performed: Enter the reason for the payment.
11. Remarks, This Form Prepared By: Enter any appropriate remarks, and who prepared the form.
12. Signatures: