# St. Olaf College

Reset Form

## Request for Grant Compensation outside of regular salary letters

*This form should be completed by the Grants Accountant prior to the start of the academic year (Sept-May), summer (June-Aug) or at the start of each grant. This form is to be used for wages caculated off of base compensation. Stipend grant payments should use the "Stipend or Honorarium Request Form". The form will be routed to Dean of College Office, Payroll, and Business Office.*

**Employee Name:**

**Academic year or summer:** ☐ **Academic 20**_____ ☐ **Summer 20**_____

| | | *Additional Grant or Committed Match* | *Additional Grant or Committed Match* |
|---|---|---|---|
| **Grant Name** | | | |
| **Co-Unit-Account-Subaccount** | | | |
| **Amount** | | | |
| **Source/calculation of pmt: [i.e. 1/9 of $90,000 base =$10,000]** | | | |
| **Reason for payment / description of service** | | | |
| **Dates work will be performed/Period over which amounts will be paid.** ***Payment must be over the period work is performed.*** | | | |
| **Indicate if retirement is included or excluded** | ***Retirement:*** ☐ ***YES*** ☐ ***NO*** | ***Retirement:*** ☐ ***YES*** ☐ ***NO*** | ***Retirement:*** ☐ ***YES*** ☐ ***NO*** |
| **Benefits: If the grant doesn't allow ALL other benefits, please explain. Each benefit will be automatically apportioned to the grant based on wage allocations, unless otherwise indicated here.** | | | |

| | PI or supervisor | Grants Accountant | Dean Of College |
|---|---|---|---|
| **Printed Name** | | | **Marci Sortor** |
| **Signatures** | | | |
| **Date** | | | |
| | | **Includable in effort reporting Y/N** | |
| | | **Reason excluded from effort reporting, if applicable** | |