

## WHEN TO USE THE FLAT RATE PAYMENT FORM:

- To pay contingent faculty or staff a flat rate salary for exempt job duties.
- To pay regular faculty or staff for additional exempt duties as secondary employment.

## HOW TO COMPLETE THIS FORM:

<b>SS#/Empl:</b>	Employee social security number or Empl ID number.
<b>Dept. Name:</b>	Department to which salary is to be charged.
<b>Date/Semester:</b>	Date/semester work is to be performed.
<b>Name:</b>	Employee's name.
<b>Funding Dept. or Grant#:</b>	Five digit department or Seven digit Grant # from the Chart of Accounts plus the Six digit payroll account. See online Chart of Accounts at <a href="https://inside.towson.edu/financialserv/chartofaccounts.vFS2/coamain.cfm">https://inside.towson.edu/financialserv/chartofaccounts.vFS2/coamain.cfm</a>
<b>Regular/Contingent:</b>	Indicate if employee is on regular or contingent payroll.
<b>Payroll #:</b>	The payroll number(s) that correspond to the date(s) on the Payroll Schedules when the employee performed the work. Payroll Schedules are available on Payroll's Web Page.
<b>Dollar amount:</b>	The amount to be paid each pay period.
<b>Total:</b>	Total of all payments listed.
<b>Assignment Description:</b>	Brief description of assignment.
<b>Authorized Signature:</b>	Person authorized to sign for department.
<b>Telephone #:</b>	Telephone # of person authorized to sign for department.

## WHERE TO SEND THE FORM:

Form should be submitted to OHR along with all the appropriate hiring documentation.

Questions? Call the Financial Services Help Line at 4-5599

**TOWSON UNIVERSITY  
FACULTY/CONTINGENT FLAT RATE PAYMENTS**

SS# or EMPL# \_\_\_\_\_ Department Name \_\_\_\_\_

\_\_\_\_\_  
DATE/SEMESTER

NAME \_\_\_\_\_ Dept Funding/ Grant # and payroll account \_\_\_\_\_

REGULAR \_\_\_\_\_  
CONTINGENT \_\_\_\_\_

Payroll #	Dollar Amount	Payroll #	Dollar Amount	Payroll #	Dollar Amount
01		10		19	
02		11		20	
03		12		21	
04		13		22	
05		14		23	
06		15		24	
07		16		25	
08		17		26	
09		18			

TOTAL	
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Assignment Description \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Telephone #