



PER-3

Additional Compensation

Version Date: October 30, 2018

Training Guide
Additional Compensation

Table of Contents

PER-3 Additional Compensation 1
 Enter a PER-3 Requisition 1
 Clone a PER-3 Requisition..... 22
 Review a Saved Draft..... 34

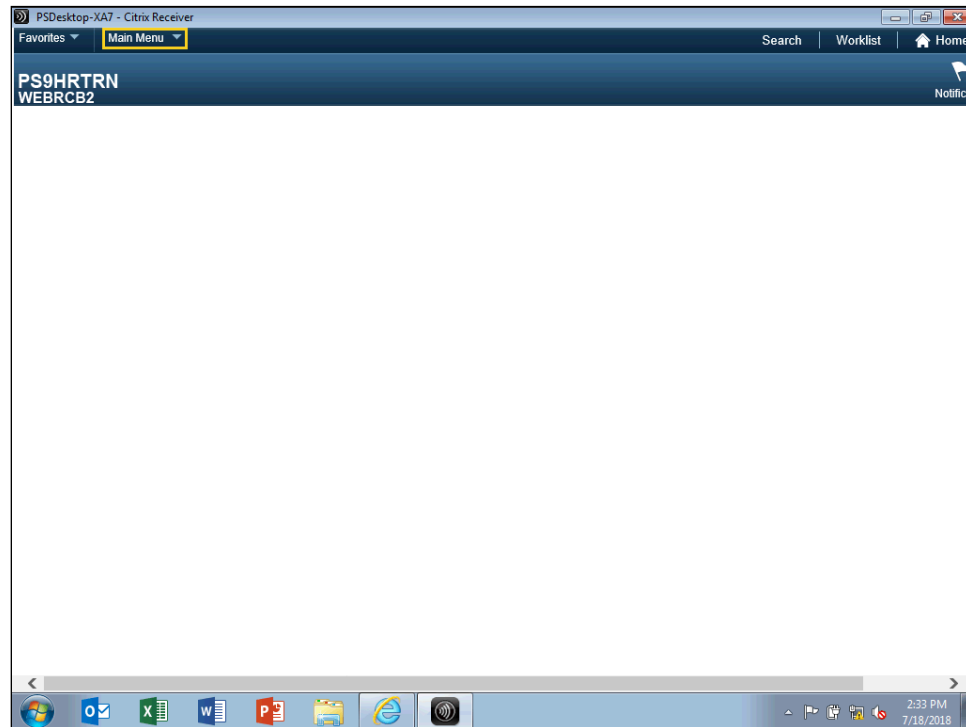
PER-3 Additional Compensation

Enter a PER-3 Requisition

Procedure

In this topic you will learn how to **Enter a PER-3 Requisition**.





Step	Action
1.	Occasionally, there will be circumstances when PER-3s will not fit in this workflow model. In these cases, paper PER-3s should be submitted on paper. The largest type of these exceptions is the ' supersede ', which will continue to be submitted on <i>pink paper</i> .
2.	In this exercise, you will enter a PER-3 requisition for an employee serving as the acting chair for a department for Fiscal Year 2019. The employee will receive a regular supplement of \$18,000 for the year.

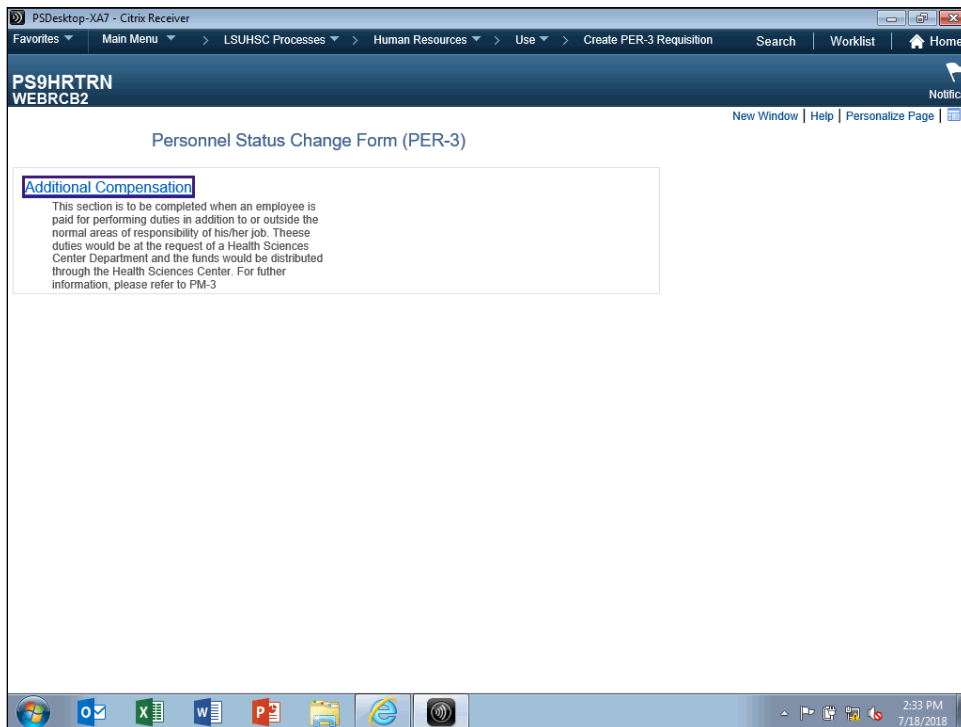


Step	Action
3.	Click the Main Menu link. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Main Menu ▾</div>

Training Guide

Additional Compensation

Step	Action
4.	Click the LSUHSC Processes link. 
5.	Click the Human Resources link. 
6.	Click the Use link. 
7.	Click the Create PER-3 Requisition link. 



Step	Action
8.	Click the Additional Compensation link. 

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: [Clone Requisition](#)
 From Date: Thru Date: [Attachments](#)
 Amount: Num of Periods: 0
 Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)
 Justification:

Employee Distribution View All | [Print](#) First 1 of 1 Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF
1									Edit CF

[Refresh Totals](#)

Account Summary View All | [Print](#) First 1 of 1 Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary View All | [Print](#)

Empl ID	Name	Amount	Period Amt	Annual Amt

[Submit](#) [Save As Draft](#)

Step	Action
9.	<p>The Department will be used to determine routing for approvals. The Business Unit designation 'NO' must be enter in front of the seven-digit department number. If you do not know your Department number, you can search for using the <i>Look up Department</i> button to the right of the Department field.</p> <p>Enter the desired information into the Department field. Enter "NO1494000".</p>

Training Guide

Additional Compensation

Step	Action
10.	<p>From and Thru Dates</p> <ul style="list-style-type: none"> • From Date cannot be older than 180 days (~ 6 months) from today. • Thru Date cannot be later than 365 days from today. • From/Thru Dates cannot cross Fiscal Years.

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 x | [Clone Requisition](#)
 From Date: Thru Date: [Attachments](#)
 Amount: Num of Periods: 0
 Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)
 Justification:

Employee Distribution View All | [Print](#) First 1 of 1 Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF
1	0								Edit CF

[Refresh Totals](#)

Account Summary View All | [Print](#) First 1 of 1 Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary View All | [Print](#)

Empl ID	Name	Amount	Period Amt	Annual Amt

[Submit](#) [Save As Draft](#)

Step	Action
11.	<p>The From Date can only start on the <i>first day</i> of the month.</p> <p>Enter the desired information into the From Date field. Enter "07012018".</p>

Training Guide

Additional Compensation

PSDesktop-XA7 - Citrix Receiver

Favorites Main Menu > LSUHSC Processes > Human Resources > Use > Create PER-3 Requisition Search Worklist Home

PS9HRTRN
WEBRCB2

Request Nbr: 0 Originator: O'Connor, Karen
PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Clone Requisition

From Date: 07012018 Thru Date: [] Attachments

Amount: Num of Periods: 0

Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)

Justification:

Employee Distribution View All | First 1 of 1 Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmrCd	Amount	Period Amt	Annual Amt	Edit CF
1	0								

Refresh Totals

Account Summary View All | First 1 of 1 Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary View All |

Empl ID	Name	Amount	Period Amt	Annual Amt

Submit Save As Draft

2:34 PM
7/18/2018

Step	Action
12.	The Thru Date can only end on the <i>last day</i> of the month, unless the period is less than one month. Enter the desired information into the Thru Date field. Enter " 06302019 ".

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 [Clone Requisition](#)

From Date: 07012018 Thru Date: 06302019 [Attachments](#)

Amount: Num of Periods: 0

Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)

Justification:

Employee Distribution View All | [Print](#) First 1 of 1 Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF
1									Edit CF

[Refresh Totals](#)

Account Summary View All | [Print](#) First 1 of 1 Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary View All | [Print](#)

Empl ID	Name	Amount	Period Amt	Annual Amt

[Submit](#) [Save As Draft](#)

Step	Action
13.	<p>The Amount entered will be the total amount for the indicated period. As previously stated for this exercise, \$18,000 will be entered for Fiscal Year 2019.</p> <p>Enter the desired information into the Amount field. Enter "18000.00".</p>

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Clone Requisition

From Date: 07012018 Thru Date: 06302019 Attachments

Amount: 18000.00 Num of Periods: 0

Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)

Justification:

Employee Distribution View All | First | 1 of 1 | Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF
1	0								Edit CF

Refresh Totals

Account Summary View All | First | 1 of 1 | Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary View All | First | 1 of 1 | Last

Empl ID	Name	Amount	Period Amt	Annual Amt

Submit Save As Draft

Step	Action
14.	NOTE: Num of Periods defaults to zero and will remain zero until the Refresh Totals button is clicked later in the exercise. Once refreshed, the Num of Periods will display the number of pay periods the funds will be distributed over based on the From/Thru Dates.

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Clone Requisition

From Date: 07012018 Thru Date: 06302019 Attachments

Amount: 18000.00 Num of Periods: 0

Supplemental: **Regular Supplement**

Increase in Rate (Justification Attached)

Justification:

Employee Distribution										
Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF	Last
1									Edit CF	

Refresh Totals

Account Summary										
Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary				
Empl ID	Name	Amount	Period Amt	Annual Amt

Submit Save As Draft

Step	Action
15.	<p>Supplemental compensation is rendered to an employee for performing work outside the scope of his/her normal duties. There are two options available under Supplemental:</p> <ul style="list-style-type: none"> • Regular Supplemental - Used for additional compensation that is non clinical, i.e, administrative faculty with department chair duties. • Additional Compensation - Types of additional compensation may include such payments as one-time pay, faculty income plan (FIP) compensation, or supplemental compensation. i.e. patient care related. <p><i>NOTE: For this exercise, Supplemental will remain as Regular Supplement.</i></p>

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Clone Requisition

From Date: 07012018 Thru Date: 06302019 Attachments

Amount: 18000.00 Num of Periods: 0

Supplemental: Regular Supplement

Increase in Rate (Justification Attached)

Justification:

Employee Distribution										
Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF	
1										

Refresh Totals

Account Summary										
Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary				
Empl ID	Name	Amount	Period Amt	Annual Amt

Submit Save As Draft

Step	Action
16.	<p>When doing an increase in rate, you must include in your justification when the rate increase will be used (i.e., regular supplement or additional compensation) and why the increase is merited.</p> <p>Click the Increase in Rate (Justification Attached) option.</p> <p><input type="checkbox"/> Increase in Rate (Justification Attached)</p>

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 [Clone Requisition](#)

From Date: 07012018 Thru Date: 06302019 [Attachments](#)

Amount: 18000.00 Num of Periods: 0

Supplemental: Regular Supplement

Increase in Rate (Justification Attached)

Justification:


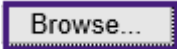
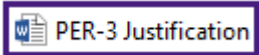
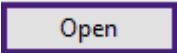

Employee Distribution										
Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF	Last
1										

[Refresh Totals](#)

Account Summary										
Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary				
Empl ID	Name	Amount	Period Amt	Annual Amt

[Submit](#) [Save As Draft](#)

Step	Action
17.	Click the Add Attachment button. <i>NOTE: Social Security Numbers should not be included in attachments.</i> 
18.	Click the Browse button. 
19.	Click the PER-3 Justification link. 
20.	Click the Open button. 
21.	Click the Upload button. 

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Ophthalmology Clone Requisition

From Date: 07/01/2018 Thru Date: 06/30/2019 Attachments
 Amount: 18,000.00 Num of Periods: 0 PER-3_Justification.docx

Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)

Justification:

Employee Distribution										
Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF	
1										

Refresh Totals

Account Summary										
Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary				
Empl ID	Name	Amount	Period Amt	Annual Amt

Submit Save As Draft

Step	Action
22.	Enter the desired information into the Empl ID field. Enter " 0137137 ".

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Ophthalmology Clone Requisition

From Date: 07/01/2018 Thru Date: 06/30/2019 Attachments
 Amount: 18,000.00 Num of Periods: 0 PER-3_Justification.docx

Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)

Justification:

Employee Distribution View All | First | 1 of 1 | Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF
1									Edit CF

Refresh Totals

Account Summary View All | First | 1 of 1 | Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary View All | First | 1 of 1 | Last

Empl ID	Name	Amount	Period Amt	Annual Amt

Submit Save As Draft

Step	Action
23.	<p>NOTE: Only use Account Codes 501300, 501310, 501315, 501340, and 505300.</p> <p>Enter the desired information into the Account Code field. Enter "14976029FA-501310".</p>

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Ophthalmology Clone Requisition

From Date: 07/01/2018 Thru Date: 06/30/2019 Attachments
 Amount: 18,000.00 Num of Periods: 0 PER-3_Justification.docx

Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)

Justification:

Employee Distribution										
Empl ID	Rcd#	Name	PayGrp	Account Code	EmrCd	Amount	Period Amt	Annual Amt	Edit CF	
1	0	John Doe	NMF	14976029FA-501310	x					

Refresh Totals

Account Summary										
Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary				
Empl ID	Name	Amount	Period Amt	Annual Amt

Submit Save As Draft

Step	Action
24.	Enter the desired information into the Amount field. Enter " 18000.00 ".

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Ophthalmology Clone Requisition

From Date: 07/01/2018 Thru Date: 06/30/2019 Attachments
 Amount: 18,000.00 Num of Periods: 0 PER-3_Justification.docx

Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)
 Justification:

Employee Distribution										
Empl ID	Rcd#	Name	PayGrp	Account Code	EmrCd	Amount	Period Amt	Annual Amt	Edit CF	Last
1	0	John Doe	NMF	14976029FA-501310		18000.00				

Account Summary

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary

Empl ID	Name	Amount	Period Amt	Annual Amt

Step	Action
25.	Validation will occur between the Amount entered and the amounts entered in the Employee Distribution Section. If there is a <i>mismatch</i> , a warning message will display stating <i>'Total amount does not equal to calculated distribution amounts'</i> .

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Ophthalmology Clone Requisition

From Date: 07/01/2018 Thru Date: 06/30/2019 Attachments
 Amount: 18,000.00 Num of Periods: 0 PER-3_Justification.docx

Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)

Justification:

Employee Distribution View All | First | 1 of 1 | Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmnCd	Amount	Period Amt	Annual Amt	Edit CF
1	0	John Doe	NMF	14976029FA-501310		18000.00			

Refresh Totals

Account Summary View All | First | 1 of 1 | Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary View All | First | 1 of 1 | Last

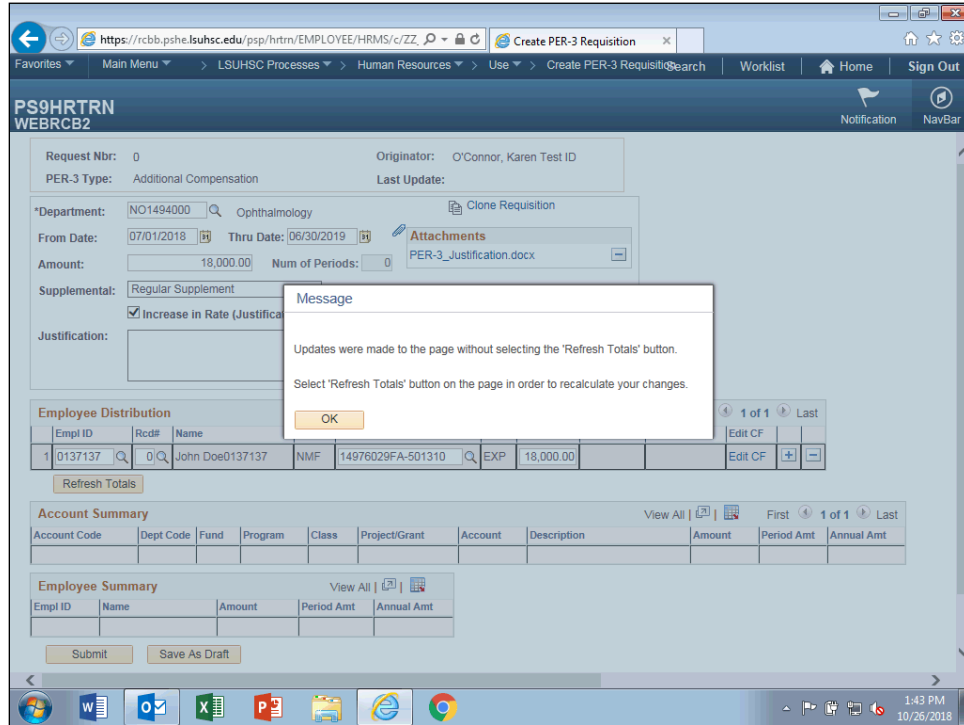
Empl ID	Name	Amount	Period Amt	Annual Amt

Submit Save As Draft

Step	Action
26.	<p>The Refresh Totals button is used to calculate the latest amounts in the account Summary and the Employee Summary sections.</p> <p>NOTE: You must click the Refresh Totals button if <u>any</u> edits are made on the PER-3 requisition page.</p>

Training Guide

Additional Compensation



Step	Action
27.	<p>NOTE: You must click the Refresh Total button before clicking Submit to review the latest totals.</p> <p>The message below will display if you click Submit prior to Refresh Totals.</p>

Training Guide

Additional Compensation

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Ophthalmology Clone Requisition

From Date: 07/01/2018 Thru Date: 06/30/2019 Attachments
 Amount: 18,000.00 Num of Periods: 0 PER-3_Justification.docx

Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)

Justification:

Employee Distribution View All | First 1 of 1 Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmnCd	Amount	Period Amt	Annual Amt	Edit CF
1	0	John Doe	NMF	14976029FA-501310		18000.00			

Refresh Totals

Account Summary View All | First 1 of 1 Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary View All | First 1 of 1 Last

Empl ID	Name	Amount	Period Amt	Annual Amt

Submit Save As Draft

Step	Action
28.	Click the Refresh Totals button.

Refresh Totals

Training Guide

Additional Compensation

PS9HRTRN
WEBRCB2

Request Nbr: 0 Originator: O'Connor, Karen
 PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Ophthalmology Clone Requisition

From Date: 07/01/2018 Thru Date: 06/30/2019 Attachments
 Amount: 18,000.00 Num of Periods: 12 PER-3_Justification.docx

Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)

Justification:

Employee Distribution View All | First | 1 of 1 | Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmrCd	Amount	Period Amt	Annual Amt	Edit CF
1		John Doe	NMF	14976029FA-501310	EXP	18,000.00	1,500.00	18,000.00	

Refresh Totals

Account Summary View All | First | 1 of 1 | Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt
14976029FA-501310	1494000	113	20001	35200	14976029FA	501310	UNIV HOSP & CLINICS - RES SUP	18,000.00	1,500.00	18,000.00

Employee Summary View All | First | 1 of 1 | Last

Empl ID	Name	Amount	Period Amt	Annual Amt
	John Doe	18,000.00	1,500.00	18,000.00

Submit Save As Draft

2:36 PM
7/15/2018

Step	Action
29.	The <i>Num of Periods</i> displays as well as the <i>Period Amt</i> .

Training Guide

Additional Compensation

PSDesktop-XA7 - Citrix Receiver

Favorites Main Menu > LSUHSC Processes > Human Resources > Use > Create PER-3 Requisition Search Worklist Home

PS9HRTRN
WEBRCB2

Request Nbr: 0 Originator: O'Connor, Karen
PER-3 Type: Additional Compensation Last Update:

*Department: NO1494000 Ophthalmology Clone Requisition

From Date: 07/01/2018 Thru Date: 06/30/2019 Attachments
Amount: 18,000.00 Num of Periods: 12 PER-3_Justification.docx

Supplemental: Regular Supplement
 Increase in Rate (Justification Attached)

Justification:

Employee Distribution View All | First 1 of 1 Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF
1	0	John Doe	NMF	14976029FA-501310	EXP	18,000.00	1,500.00	18,000.00	+

Refresh Totals

Account Summary View All | First 1 of 1 Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt
14976029FA-501310	1494000	113	20001	35200	14976029FA	501310	UNIV HOSP & CLINICS - RES SUP	18,000.00	1,500.00	18,000.00

Employee Summary View All |

Empl ID	Name	Amount	Period Amt	Annual Amt
1	John Doe	18,000.00	1,500.00	18,000.00

Submit Save As Draft

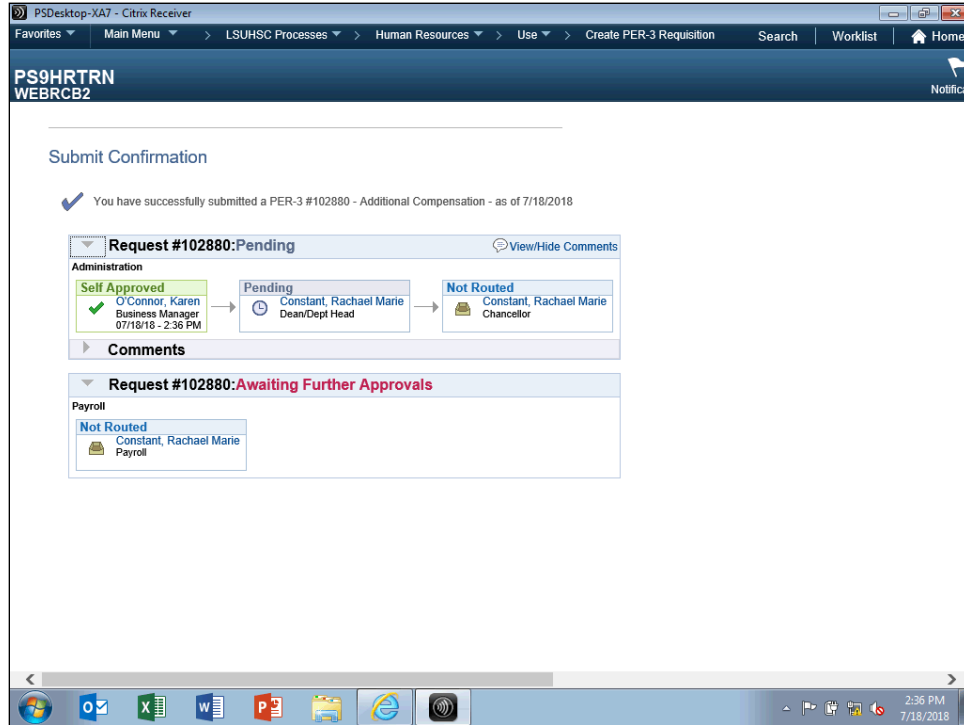
2:36 PM
7/18/2018

Step	Action
30.	Click the Submit button.

Submit

Training Guide

Additional Compensation



Step	Action
31.	Upon successful submission, you will receive a confirmation page showing the approval routings.
32.	This completes <i>Enter a PER-3 Requisition</i> . End of Procedure.

Training Guide

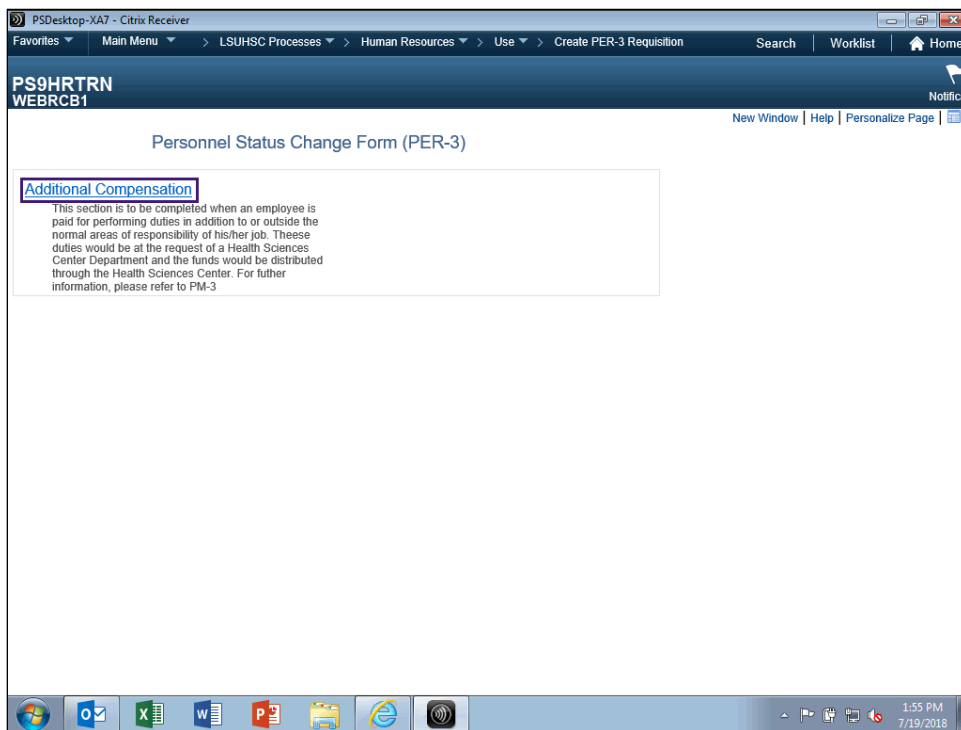
Additional Compensation

Clone a PER-3 Requisition

Procedure

In this topic you will learn how to **Clone a PER-3 Requisition**.

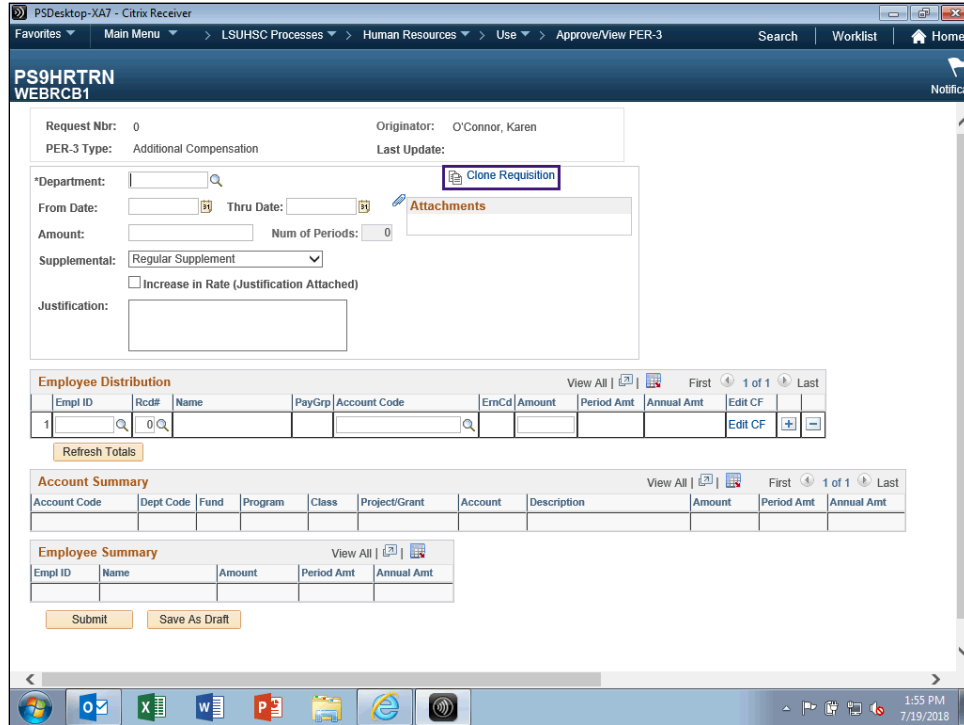
Step	Action
1.	Navigation for creating a PER-3 Requisition displays as breadcrumbs at the top of the page. Main Menu > LSUHSC Processes > Human Resources > Use > Create PER-3 Requisition



Step	Action
2.	Click the Additional Compensation link. Additional Compensation

Training Guide

Additional Compensation

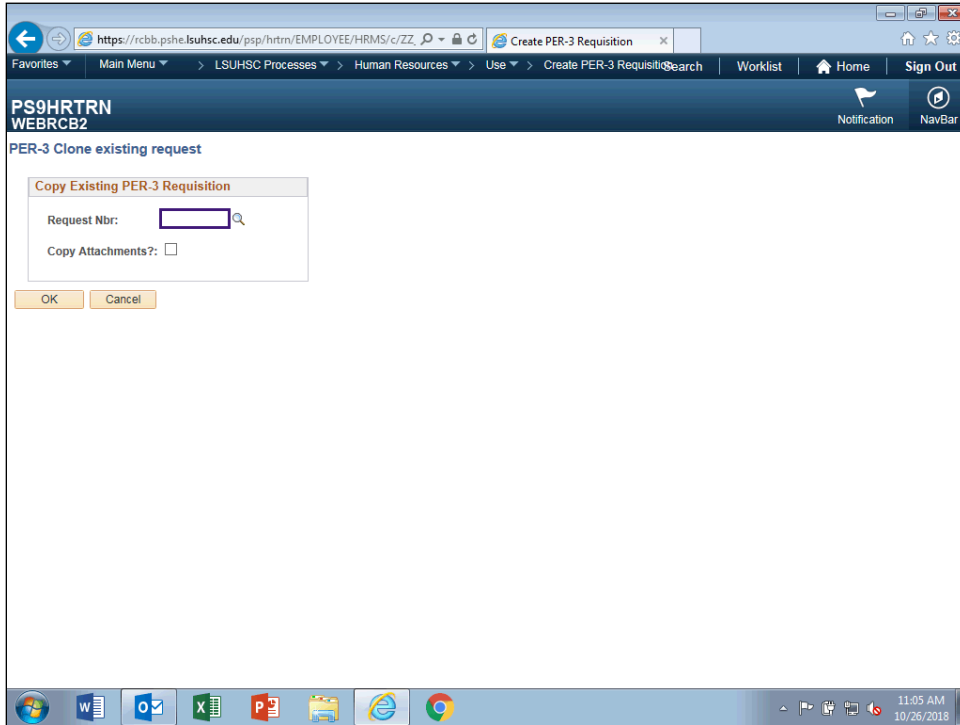



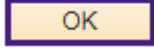
Step	Action
3.	Click the Clone Requisition link.



Training Guide

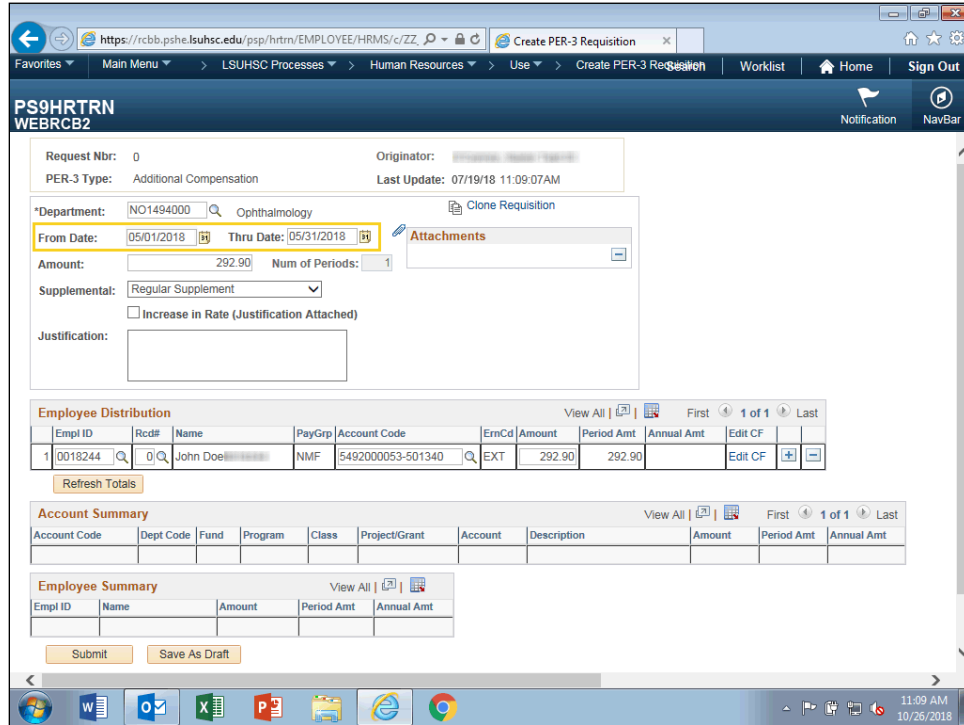
Additional Compensation



Step	Action
4.	Enter the desired information into the Request Nbr field. Enter " 103315 ". 
5.	Click the OK button. 

Training Guide

Additional Compensation



Step	Action
6.	<p>From and Thru Dates</p> <ul style="list-style-type: none"> • From Date cannot be older than 180 days (~ 6 months) from today. • Thru Date cannot be later than 365 days from today. • From/Thru Dates cannot cross Fiscal Years.

Training Guide

Additional Compensation

Request Nbr: 0 Originator: [Redacted]

PER-3 Type: Additional Compensation Last Update: 07/19/18 11:09:07AM

*Department: NO1494000 Ophthalmology Clone Requisition

From Date: 05/01/2018 Thru Date: 05/31/2018 Attachments

Amount: 292.90 Num of Periods: 1

Supplemental: Regular Supplement

Increase in Rate (Justification Attached)

Justification: [Text Area]

Employee Distribution View All | First | 1 of 1 | Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmnCd	Amount	Period Amt	Annual Amt	Edit CF
1	0	John Doe	NMF	5492000053-501340	EXT	292.90	292.90		

Refresh Totals

Account Summary View All | First | 1 of 1 | Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

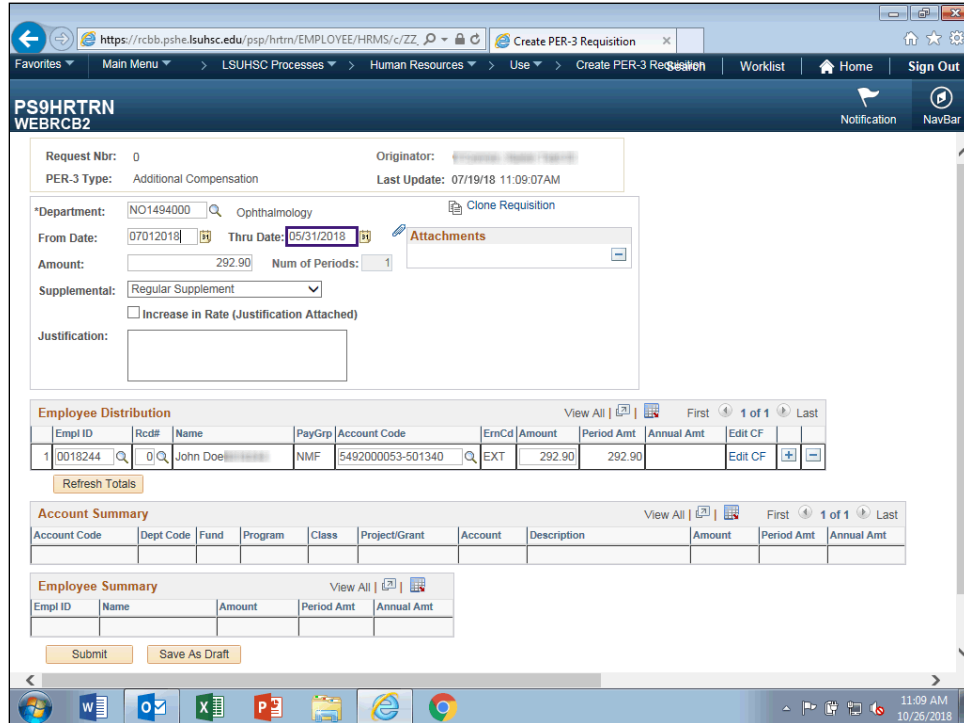
Employee Summary View All | First | 1 of 1 | Last

Empl ID	Name	Amount	Period Amt	Annual Amt

Submit Save As Draft

Step	Action
7.	<p>The From Date can only start on the <i>first day</i> of the month.</p> <p>Enter the desired information into the From Date field. Enter "07012018".</p> <p><input type="text" value="05/01/2018"/></p>

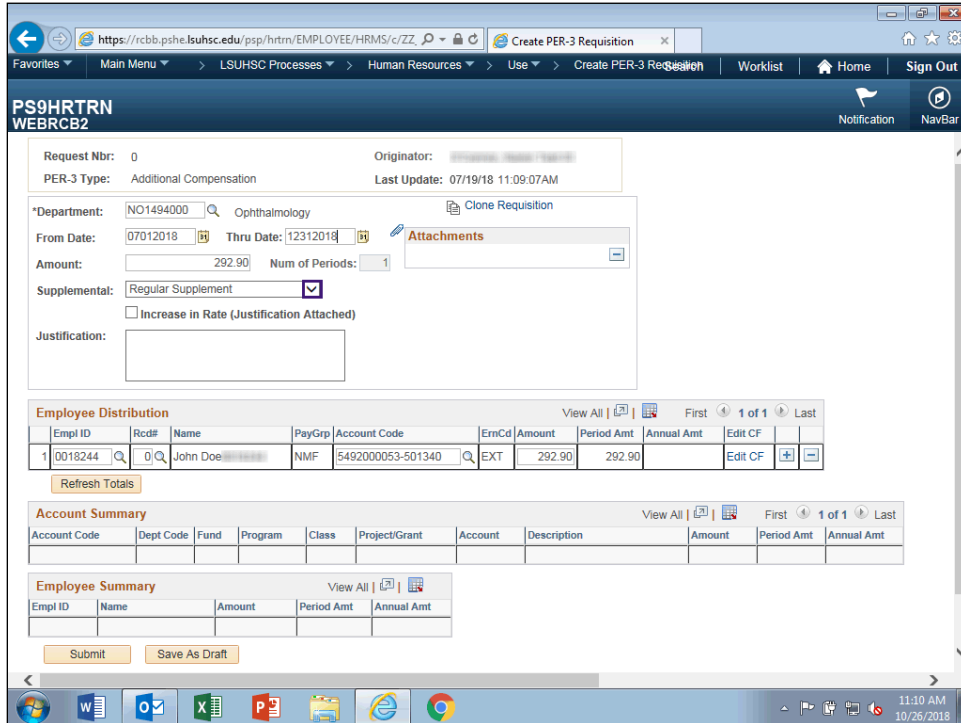
Training Guide Additional Compensation





Step	Action
8.	<p>The Thru Date can only end on the <i>last day</i> of the month, unless the period is less than a month.</p> <p>Enter the desired information into the Thru Date field. Enter "12312018".</p> <p>05/31/2018</p>

Training Guide

Additional Compensation



Step	Action
9.	<p>The timeframe is only 6 months, so Supplemental will need to be changed from Regular Supplement to Additional Compensation.</p> <p>Click the button to the right of the Supplemental field.</p> 
10.	<p>Click the Additional Compensation list item.</p> 

Training Guide

Additional Compensation

Request Nbr: 0 Originator: [Redacted]

PER-3 Type: Additional Compensation Last Update: 07/19/18 11:09:07AM

*Department: NO1494000 Ophthalmology Clone Requisition

From Date: 07/01/2018 Thru Date: 12/31/2018 Attachments

Amount: 292.90 Num of Periods: 1

Supplemental: Additional Compensation

Increase in Rate (Justification Attached)

Justification: [Text Area]

Employee Distribution View All | First | 1 of 1 | Last

Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF
1	0	John Doe	NMF	5492000053-501340	EXT	292.90	292.90		

Refresh Totals


Account Summary View All | First | 1 of 1 | Last

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt

Employee Summary View All | First | 1 of 1 | Last

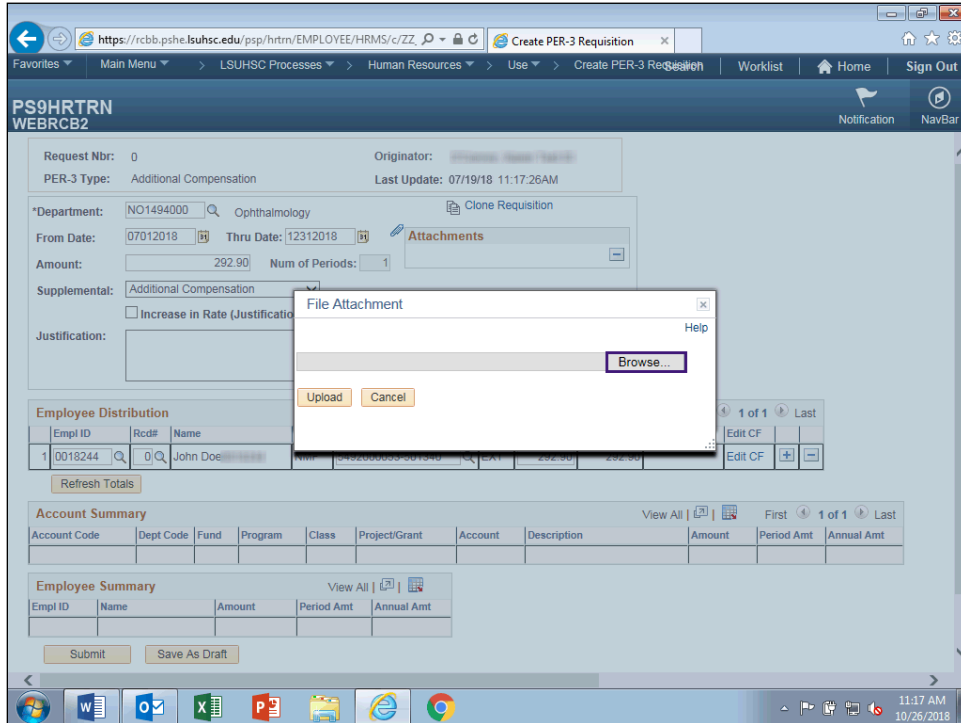
Empl ID	Name	Amount	Period Amt	Annual Amt

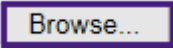
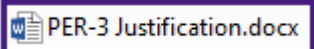
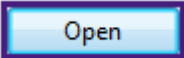
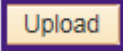
Submit Save As Draft

Step	Action
11.	<p>Click the Add Attachment button.</p> <p><i>NOTE: Social Security Numbers should not be included in attachments.</i></p> 

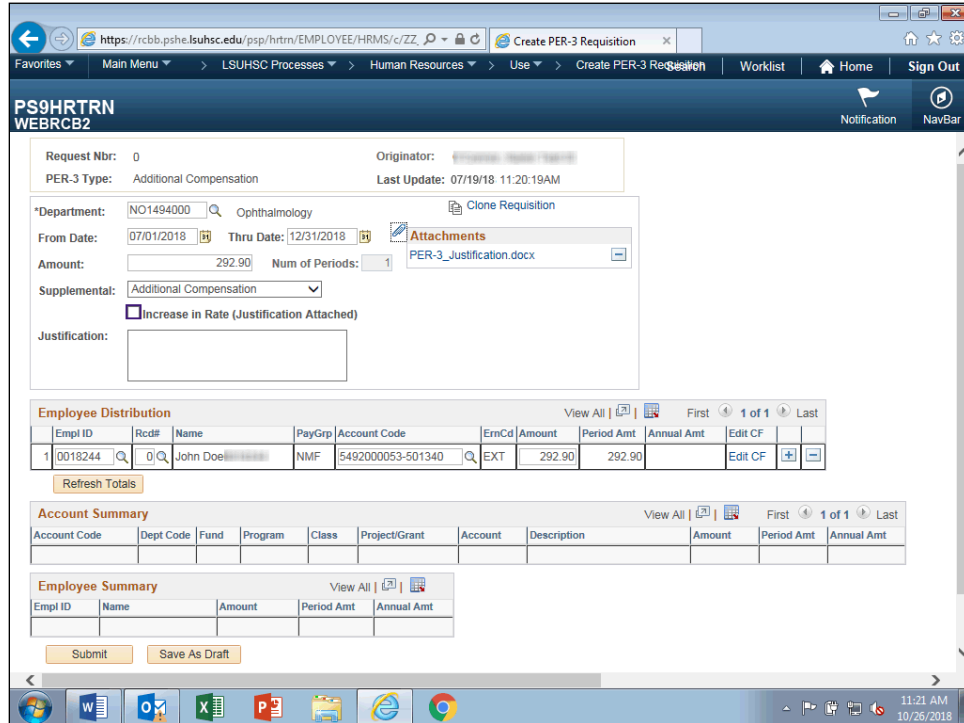
Training Guide

Additional Compensation



Step	Action
12.	Click the Browse button. 
13.	Click the PER-3 Justification list item. 
14.	Click the Open button. 
15.	Click the Upload button. 

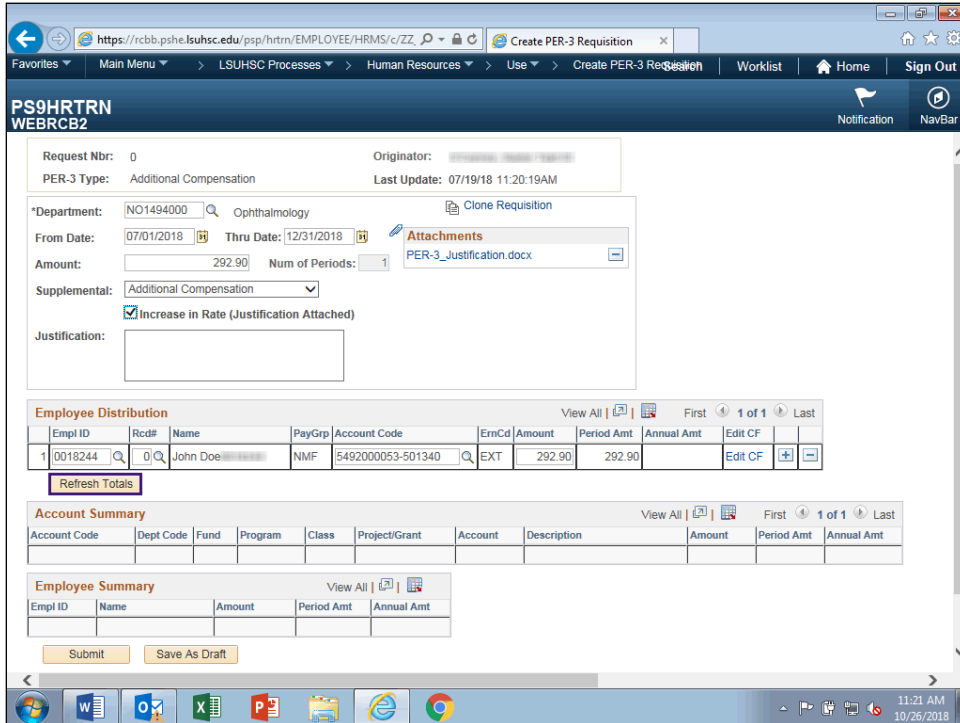
Training Guide Additional Compensation



Step	Action
16.	<p>When doing an increase in rate, you must include in your justification when the rate increase will be used (i.e., regular supplement or additional compensation) and why the increase is merited.</p> <p>Click the Increase in Rate (Justification Attached) option.</p> <p><input type="checkbox"/></p>

Training Guide

Additional Compensation



Step	Action
17.	Click the Refresh Totals button.

Refresh Totals

Training Guide

Additional Compensation

Request Nbr: 0 Originator: [Redacted]

PER-3 Type: Additional Compensation Last Update: 07/19/18 11:22:19AM

*Department: NO1494000 Ophthalmology Clone Requisition

From Date: 07/01/2018 Thru Date: 12/31/2018

Amount: 292.90 Num of Periods: 6 Attachments: PER-3_Justification.docx

Supplemental: Additional Compensation

Increase in Rate (Justification Attached)

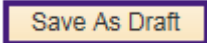
Justification: [Text Area]

Empl ID	Rcd#	Name	PayGrp	Account Code	EmCd	Amount	Period Amt	Annual Amt	Edit CF
0018244	0	John Doe	NMF	5492000053-501340	EXT	292.90	48.82	585.84	Edit CF

Account Code	Dept Code	Fund	Program	Class	Project/Grant	Account	Description	Amount	Period Amt	Annual Amt
5492000053-501340	1492450	113	10001	90105	5492000053	501340	I/C - REF - [Redacted]	292.90	48.82	585.84

Empl ID	Name	Amount	Period Amt	Annual Amt
0018244	John Doe	292.90	48.82	585.84

Submit **Save As Draft**

Step	Action
18.	Click the Save as Draft button. 
19.	This completes <i>Clone a PER-3 Requisition</i> . End of Procedure.

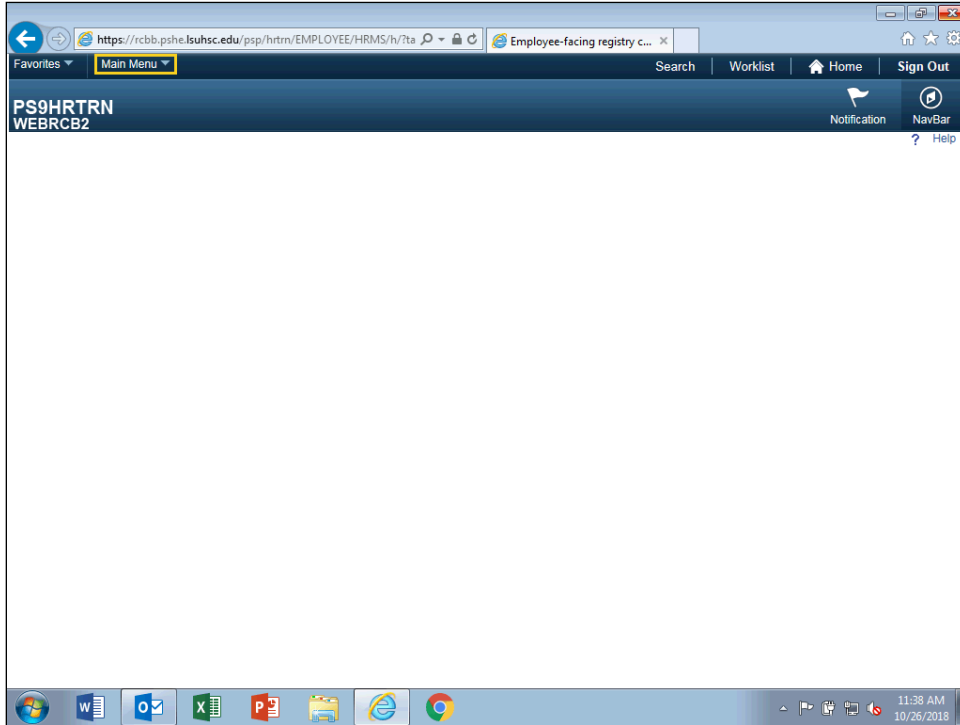
Training Guide

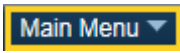
Additional Compensation

Review a Saved Draft

Procedure

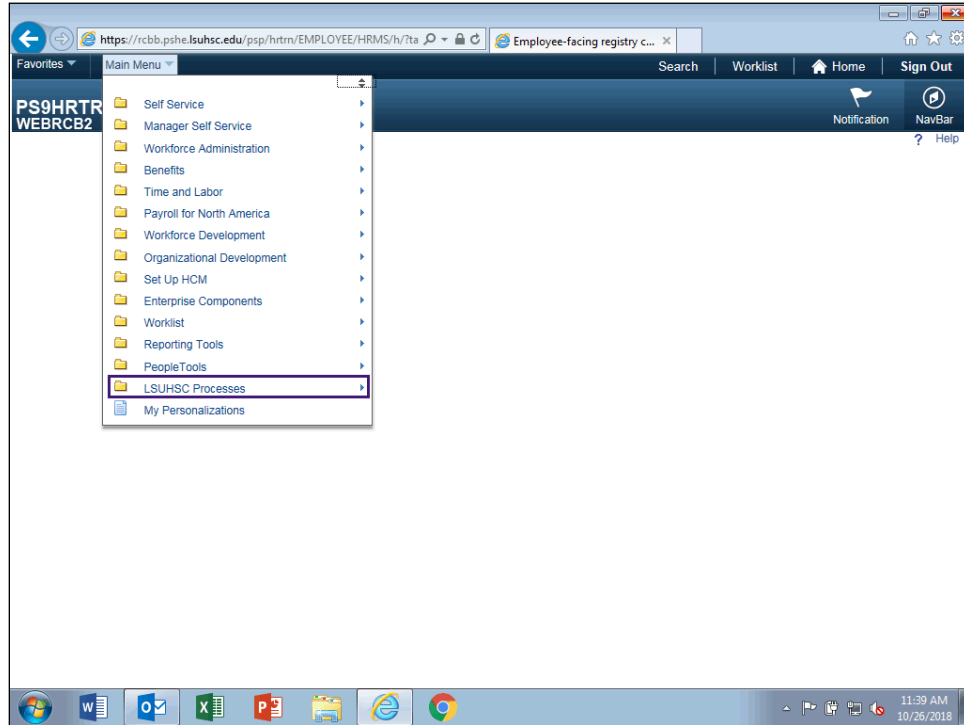
In this topic you will learn how to **Review a Saved Draft**.






Step	Action
1.	Click the Main Menu link. 

Training Guide

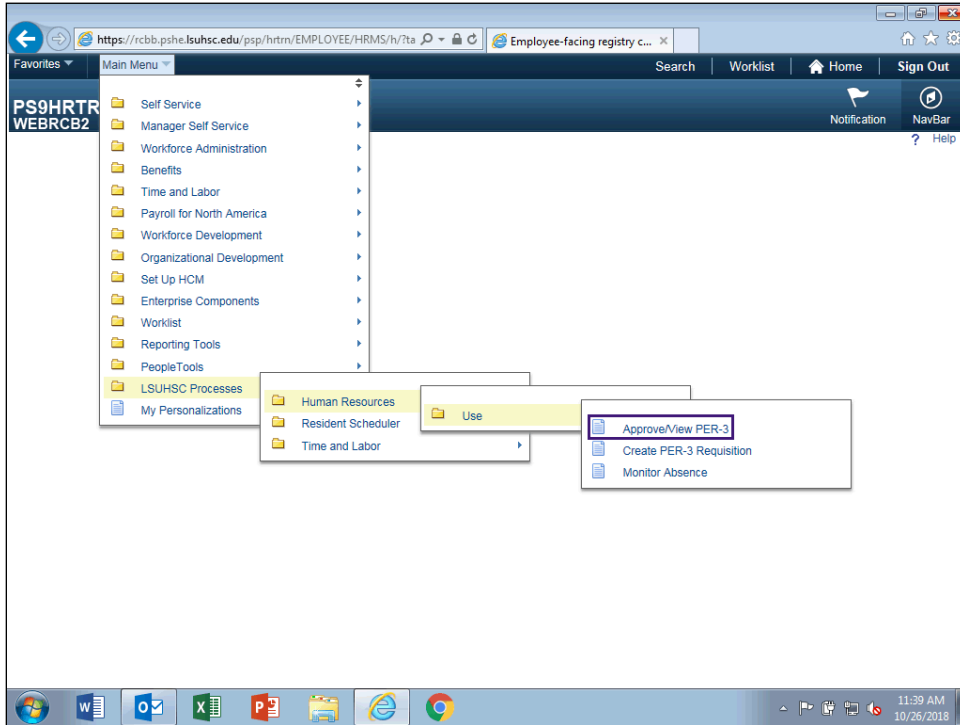
Additional Compensation




Step	Action
2.	Click the LSUHSC Processes menu. 
3.	Click the Human Resources menu. 
4.	Click the Use menu. 

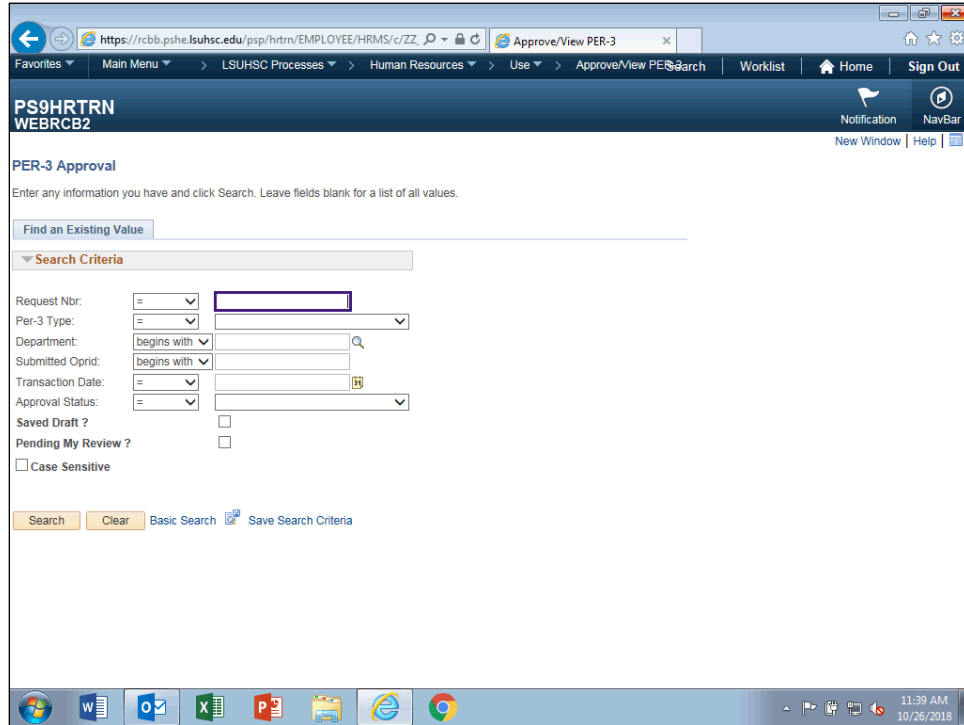
Training Guide

Additional Compensation



Step	Action
5.	Click the Approve/View PER-3 link. 

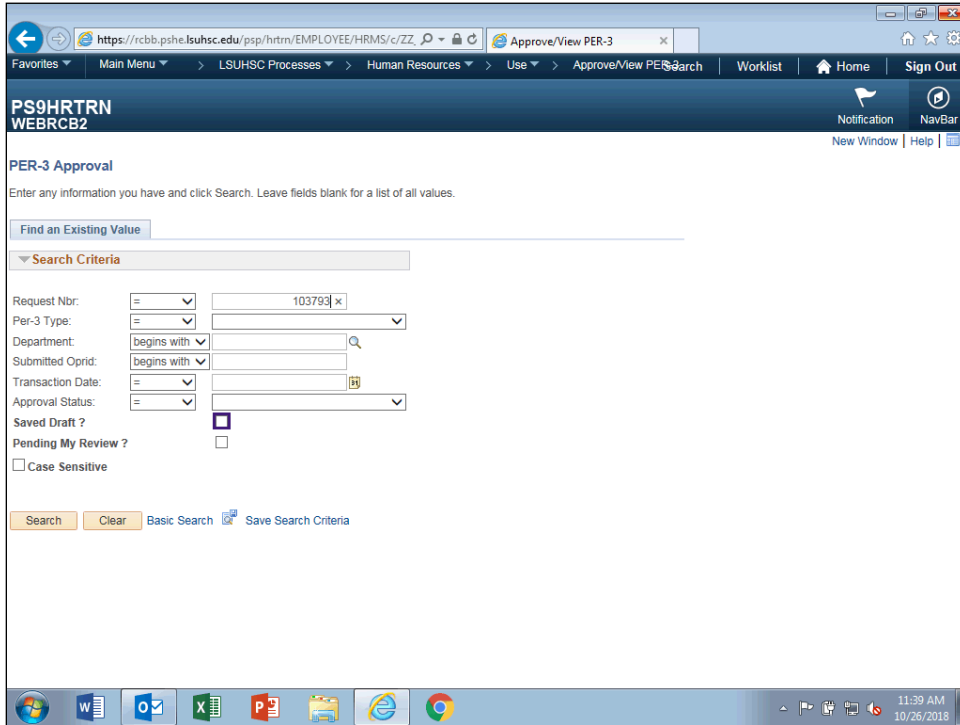
Training Guide Additional Compensation



Step	Action
6.	Enter the desired information into the Request Nbr field. Enter " 103793 ". <input type="text"/>

Training Guide

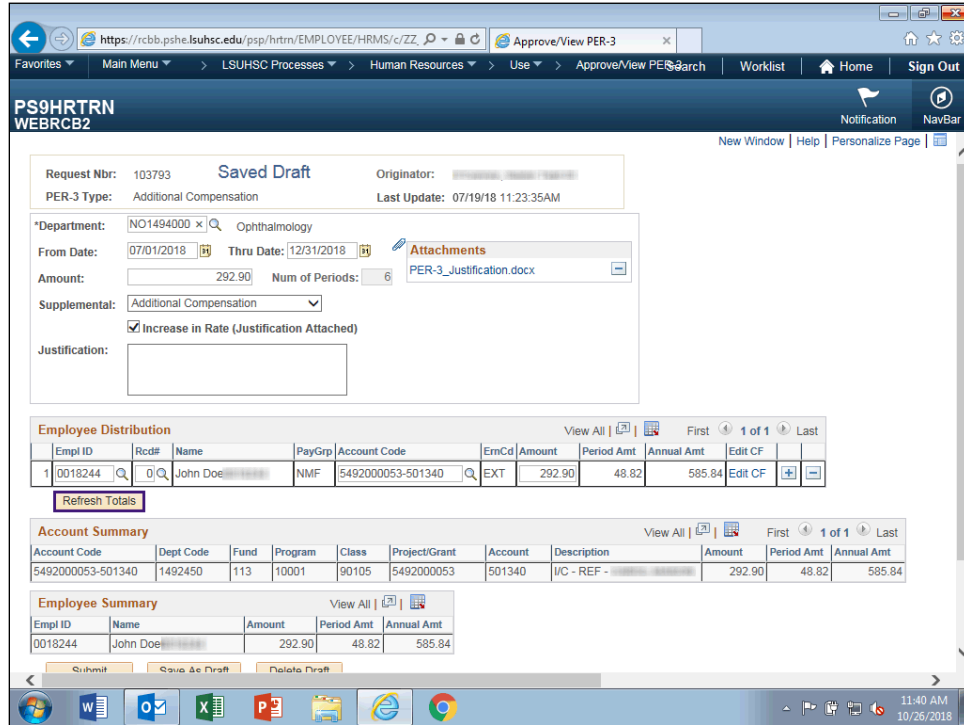
Additional Compensation



Step	Action
7.	Click the Saved Draft? option. <input checked="" type="checkbox"/>
8.	Click the Search button. <input type="button" value="Search"/>

Training Guide

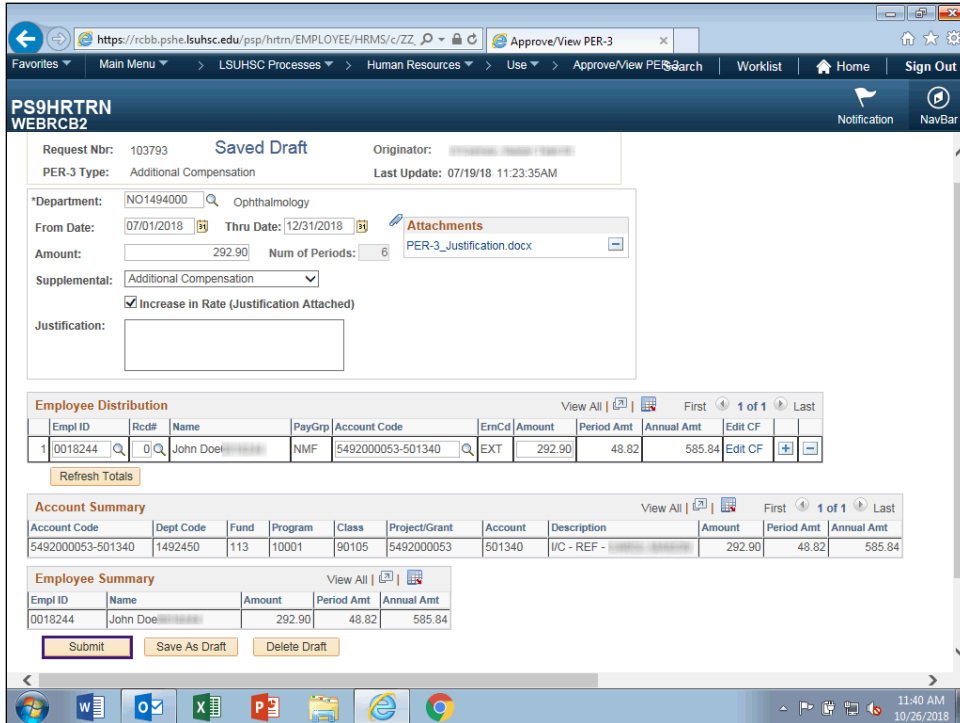
Additional Compensation



Step	Action
9.	<p>NOTE: Always 'Refresh Totals' before submitting the PER-3 for approval.</p> <p>Click the Refresh Totals button.</p> <p>Refresh Totals</p>

Training Guide

Additional Compensation

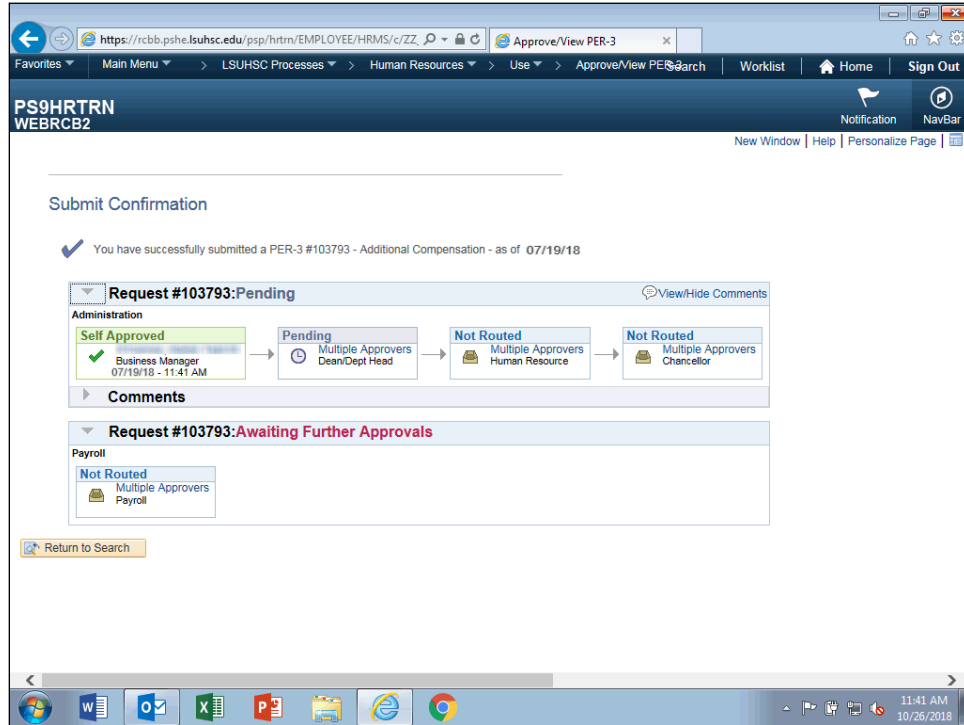


Step	Action
10.	Click the Submit button.

Submit

Training Guide

Additional Compensation



Step	Action
11.	Upon successful submission, you will receive this conformation page showing approval routing information.
12.	This completes <i>Review a Saved Draft</i> . End of Procedure.