

## ISCAF and PSA Instructions

\*As always, please use [DocuSign](#) to ensure efficient routing and the ability to track progress.

### STEP 1: The [ISCAF](#) (Internal Supplementary Compensation Approval form)

Requests authorization PRIOR to the work being performed – formally notifies the payee’s supervisor and other parties in advance, requests permission to perform work outside of the individual’s primary job. This form must be signed before submitting the PSA. The ISCAF should be initiated at the time the work is arranged, well before the PSA is submitted for compensation.

- **Approval routing -- these units must sign:** 1.) Employee’s supervisor (listed on form as Principal Investigator/Fund Manager), 2.) Employee’s unit Chair/Director, 3.) Designated Vice Dean for payee’s home dept/program (listed on form as Employee Dean or Administrative Supervisor). IF the funding source is a grant, the ISCAF must also be signed by Dennis Manos (Vice Provost for Research).
- Once all signatures have been added, the individual’s work may begin. Keep a copy of the signed ISCAF to be used as backup documentation when routing the PSA.

<b>L. In making the above request, I certify that to the best of my knowledge the information I have provided above is true and accurate. I have discussed the proposed work with my Dean or Administrative supervisor to obtain their permission to perform this work and to confirm that it will not initially interfere with my duties.</b>			
<b>(PLEASE PRINT FORM AND OBTAIN SIGNATURES)</b>			
Signature	Employee to receive payment signs here	Date	
<b>J. APPROVALS:</b> If the requested payment is for work supported by grant/cooperative agreement/contract funds, by signing this request, Chairs, Directors, Supervisors, Unit and Fund Managers certify that all of the necessary conditions described in the <a href="#">guidance document for supplementary payments</a> have been met.			
Principle Investigator/Fund Manager (sign and print name)	Supervisor of employee receiving payment for work	Date	
Employee Department Chair/Center Director (sign and print name)	Chair/Director of employee's home department	Date	
Employee Dean or Administrative Supervisor (sign and print name)	Designated A&S Vice Dean for employee's home department	Date	
<b><u>This signature only needed if the fund is a grant, cooperative agreement, or contract.</u></b>	Dennis Manos signs for grant-funded payments ONLY	Date	
Vice Provost for Research and Graduate Professional Studies (sign and print name)			

### STEP 2: The [PSA](#) (Professional Services Agreement)

Requests payment once the work is complete. When entering the payment amount on this form, keep in mind that any FICA will be calculated automatically when HR processes on their end, so administrators do not need to include FICA when entering the payment amount. Attach the ISCAF as backup when routing the PSA for signatures. PSA payments are considered supplemental income to the employee's primary job and are subject to the following taxes: Federal (22%), State (5.75%), and Social Security (7.65%). The university will report earnings as required by the IRS.

- **Approval routing -- these units must sign:** 1.) Departmental Approval (usually a Chair/Director), 2.) Sherri Powers or Kori Varner for A&S Dean's Office, 3.) Christy Fiedler (Provost), 4.) Debbie Babb (Budget Office), and IF the funding source is a grant, include an OSP approver as well.
- Add [askhr@wm.edu](mailto:askhr@wm.edu) to the DocuSign routing as 'receiving a copy'. This will ensure that a fully signed PSA (w/ ISCAF) will be automatically sent to HR for processing after all signatures have been collected.

APPROVALS		
All Professional Service Agreements <u>must</u> have budget office approval. The approval of the Provost or the Chief Operating Officer is required.		
Chair or Director		
<b>Departmental Approval</b>	<b>Phone/Ext. Number</b>	<b>Date</b>
1. Sherri Powers or Kori Varner		
Dean/VP Approval	<b>Phone/Ext. Number</b>	<b>Date</b>
2. Christy Fiedler		
Provost/Chief Operating Officer Approval	<b>Phone/Ext. Number</b>	<b>Date</b>
3. Debbie Babb /( + OSP approver if applicable)		
Budget/OSP approval	<b>Phone/Ext. Number</b>	<b>Date</b>
HUMAN RESOURCES USE ONLY		
<a href="mailto:askhr@wm.edu">askhr@wm.edu</a> receives a copy		
<b>Human Resources Review</b>	<b>Date</b>	
I-9 completed date:	I-9 verified date & initials:	Banner: