WCUPA Dual Compensation Form

Training Guide for Form Submitters

Updated April 7, 2025

The Dual Compensation workflow is now being automated via the Visual Form Builder and Workflow Automation software Nintex.

Access to submit forms is limited to Divisional Budget Managers, Divisional Budget Associates, Assistant Deans for Budget and Personnel, or their designees.

The current list of form submitters is noted below:

Division	Form Submitter
Academic Affairs	
College of Science & Math	Grisillo, Rebecca
College of Business & Public Management	Oster, Natalie
College of Education & Social Work	Carney, Elizabeth
College of Arts & Humanities	Reid, Stephanie
College of Health Science	Smith, Kelly
The Graduate School	Oulouhojian, Judy
Wells School of Music	Cox, Brian
University Libraries	Ehrgott, Cristin
University College & Student Success	Young, Andria
All Other Academic Affairs	Oulouhojian, Judy
Finance & Administration	Please contact budoff@wcupa.edu.
Student Affairs	Lanshe, Christy
IS&T	Please contact budoff@wcupa.edu.
Advancement & External Affairs	Gannon, Brendon
University Affairs	Gannon, Brendon
Executive Vice President	Hellmig, Glenda
Access, Compliance, & Engagement	Gannon, Brendon

Section 1: Request Information

Employee: name of the employee receiving the dual compensation – must enter last name first

Employee SAP ID: field is limited to 6 numerical digits – this is not the Ram ID but the SAP Campus ID

Employee Bargaining Unit: select the employee's bargaining unit from the drop-down list

Employee Classification: select the employee's classification from the drop-down list – will only populate once BU is selected

Dates of Dual Compensation Assignment

Date From: beginning of date range (or single date if applicable)

Date Range: toggle to yes if a date range is required

Date To: last day in date range

Description of Duties & Responsibilities: please describe in a few sentences the nature of the work being performed*

Grant Related: toggle to yes if the work is related to a grant

Number of Hours: please provide an estimate of the number of hours required to complete this assignment

Employee Home Fund Center: select the employee's home fund center from the drop-down list

Dual Compensation Fund Center: select the fund center where the expense should hit from the drop-down list

Total Amount Requested: provide the total amount of payment

Supporting Documentation: if this dual compensation request is for a manager teaching a course, please upload a .pdf of APSCUF approval

Submitter: this will auto populate with your name and the time

The form will be sent to HR for preliminary approval.

> ***If approved, you will receive an additional task form.***
>
> ***If rejected, you will be copied on the rejection email. You will need to address the issue noted in the comments section and then resubmit the form.***

Employee's Department Chair (Faculty) or Supervisor (Non-Faculty): enter Last Name, First Name

Employee's Dean (Faculty) or Vice President (Non-Faculty): enter Last Name, First Name

Dual Compensation Fund Center Manager: enter Last Name, First Name

- Please use the link to the payroll calendar to ensure all dates selected are PASSHE pay dates -

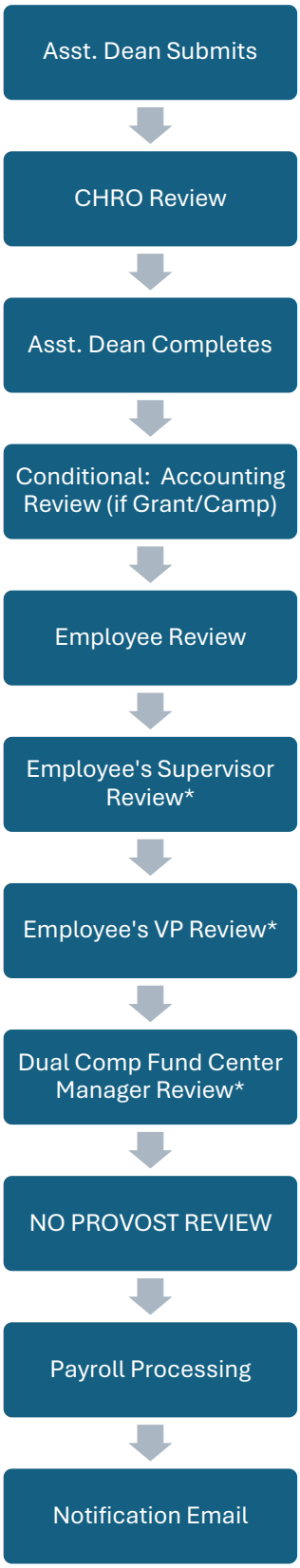
Payment Date 1: if only one pay date, select the appropriate date from the calendar

Multiple Payment Dates Required: if more than one pay date is required, toggle to yes – additional fields will become visible

Payment Date 2 – 5: select additional pay date(s) from the calendars

*****If requesting bi-weekly pay dates over a period of time, please make note of this in the Description and only enter the first date in Payment Date 1

Form Routing

FACULTY

NON-FACULTY