

## Policy References

[General additional compensation policy \(APM-600-14\)](#)

[Additional Teaching \(APM-662\)](#)

[UC Faculty Consultant Services \(APM-664\)](#)

[Honoraria \(APM-666\)](#)

[Additional Compensation for Lecturers and Similar Services \(Honoraria\) letter date May 11, 2018](#)

## Inter-Location One Time Payments (OTP)

- A. **One Time Payment (OTP):** A one-time interlocation payment is required when an academic appointee at one location (home location) is eligible to receive payment originating from another location (host location) for an event or service for a short period of less than 30 days.
- B. **Example:** A payment for a one-time event, such as an honorarium for a guest lecturer.
- C. **Types of OTP Service:**
1. **Honorarium:** Per [APM-666](#), a payment (generally) not required by the University to an academic appointee for occasional lectures and similar public appearances beyond normal academic responsibilities to the University. Such service (though possibly related to normal responsibilities) falls outside the appointee's normal academic responsibilities due to the nature of the work or where it is performed (e.g., delivering an occasional lecture at a campus other than the home campus).
  2. **Consultant:** Per [APM-664](#), a faculty member may receive additional compensation for occasional consultant services on projects conducted under the auspices of the University, provided that the faculty member is not regularly engaged on the project and the contract or grant for the project financed by external funds does not prohibit such compensation (e.g. consultant for workshop and training development related to curriculum, consultant for a museum, conflict resolution for troubled departments at other locations, etc.). The faculty consulting work must be approved by the Home Campus Chancellor which has been delegated to the Dean for approval authority. Additionally, there is a maximum amount of pay permitted per day, which can be calculated using these instructions from the APM: "The maximum amount per day which is permitted is the daily rate plus an additional 30 percent. The daily rate for academic-year appointees is determined by dividing the appointee's total nine-month salary by 171. For fiscal-year appointees, the daily rate is determined by dividing the total annual negotiated salary by 236." This amount must be indicated as the "Pay Rate" in the host information section of the one-time payment.
  3. **Miscellaneous Academic Service:** a faculty member performs service that does not fall under the classifications of an honorarium or faculty consultant (e.g. serving on a committee at another institution, reviewing grant applications, or research at another location).

**D. OTP Earn Codes and Job/Title Code combinations** (*Depends on the type of service activity being performed and if the academic appointee is in a represented title code*)

| Type of OTP Service                | Earn Code | Job/Title Code | Job/Title Description            |
|------------------------------------|-----------|----------------|----------------------------------|
| Honorarium                         | HON       | 1650           | Lecturer-Miscellaneous/Part Time |
| Additional Compensation-Consulting | ACF       | 3700           | Faculty Consultant               |
| Additional Compensation General    | ADC       | 3999           | Miscellaneous                    |
| By agreement flat dollar amount    | RGN       | 3999           | Miscellaneous                    |

**E. OTP Additional Guidance**

1. The host department should aim to notify the home department of the activity in advance of the activity being performed at least two to three months prior to the pay date.
2. The form to be initiated by the host department is the ([UPAY644C-T](#)) **which requires at least two administrative officer signatures from the host location, which may include one academic signature from the host Department Chair/host College Dean. A second signature from Assistant Vice Provost of Academic Personnel Office.** The UPAY644C-T form may not have all staff signatures on both the Host Location Fund Source Authorization and Host Location Dean’s Office line signatures.
3. The Host location processes the OTP in UCPath once the UPAY644C-T form has all appropriate signatures.
4. The honorarium amounts are stipulated by the Provost and Executive Vice President for Academic Affairs ([letter date May, 11 2018](#)). In the situation the event amount exceeds the \$2,500, please forward an email to Academic Personnel Office [academicpersonnel@ucr.edu](mailto:academicpersonnel@ucr.edu) for an exception approval. Please see below Honoraria Cap policy thresholds and exception approvals.
5. The total annual honoraria under this policy may not exceed 10% of the appointee’s annual base salary. State funds (19900) may not be used for honorarium payments. Gifts, endowments, and other unrestricted funds may be used.
6. The home department/home Dean’s Office staff must confirm the academic appointee is eligible to receive the honorarium prior to payment. The home department/home Dean’s Office staff must monitor the academic appointee proposed honoraria does not exceed more than 10% of their annual salary (in addition to the total annual honoraria received).
7. For academic appointees covered by a bargaining unit contract, eligibility for additional compensation (one-time payment) is determined by the terms of the collective bargaining agreement (CBA).

| Honoraria Cap Per Event                                                             | UCR Approval Authority (Host Location)                                                                |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| \$0-\$2,500 per event                                                               | Dean/ Dean's Office Staff                                                                             |
| =>\$2,501 up to \$5,000 per event (exception request required)                      | Academic Personnel Office<br><a href="mailto:academicpersonnel@ucr.edu">academicpersonnel@ucr.edu</a> |
| =>\$5,000 per event<br>(exception request required from UCOP PEVC Academic Affairs) | Academic Personnel Office<br><a href="mailto:academicpersonnel@ucr.edu">academicpersonnel@ucr.edu</a> |

## Temporary Interlocation/Multi-Location Appointments (MLA)

- A. **Temporary Interlocation/Multi-Location Appointment (MLA):** A temporary interlocation transfer is considered temporary when an academic appointee at one location, the home location, accepts a position at another location, the host location, for a period of twelve months or less, with the intention of returning to work for the home location at the end of this period. A Multi-Location occurs when an academic appointee is concurrently employed by two or more UC locations.
- B. **Example(s):**
- A Temporary Interlocation appointment between locations for an ongoing time, such teaching a class for a full quarter.
  - A Temporary interlocation appointment between locations due to a mid-year permanent transfer for Spring Quarter from their home location to another UC location. The AY faculty's appointment at their home location last day of payroll period is 02/29/20 and requires to complete their service through 03/31/20. The AY professorial appointment at their home location (now the host location) is reduced to 0% FTE effective 03/01/20 through 03/31/20 and the host location (now the home location) AY professorial appointment is at 100% FTE effective 03/01/20.
  - A Temporary interlocation appointment WOS Adjunct Professor appointment at 0% time at their home location (now the host location) for a period of less than a year for an AY Faculty appointee who has permanently transferred mid-year from their home location to another UC location and is supporting their graduate students with grants they administer.
  - A Multi-Location concurrent appointment for a period of a year for a Faculty Administrator at 50% time at a host location and holds their professorial appointment at 50% time at their home location.
- C. **MLA Additional Guidance**
- Host department conducts appropriate recruitment process, processes academic personnel review file and the position is offered to candidate.
  - Compensation is determined on the type and length of appointment. Long term MLA may also require an MOU depending on the type of appointment and approval authority will depend on the type and length of appointment.
  - An MLA form may be used for a recall faculty appointment for a period up to a year for a host location.

4. Appointees less than full time may accept additional University employment up to 100 percent time.
5. Total percent of combined concurrent appointments between the two locations should not exceed 100 percent time.
6. The form to be initiated by the host department is the ([UPAY560-T](#)) which **requires at least two administrative officer signatures from the host location, which may include one academic signature from the host department Chair/host College Dean and second signature from Assistant Vice Provost of Academic Personnel Office.** The UPAY560-T form may not have all staff signatures on both the Host Location Fund Source Authorization and Host Location Dean’s Office line signatures.
7. The Host location processes the MLA in UCPath once the UPAY 560-T form has all the appropriate signatures.
8. An MLA form is required for when an AY faculty is permanently transferring to another UC location mid-year (e.g. Spring Qtr, last day on pay status 02/29/20) and is completing their remaining service period at their previous home location (e.g. service through 03/31/20).

## Roles and Responsibilities

### Department

- Host department fills out the OTP/MLA request
- Host department fund manager-staff/department Chair must sign the form
- Home department staff assists with OTP/MLA salary info
- Home department monitors faculty honoraria does not exceed 10% of annual base salary in addition to the total annual honoraria received
- Initiates OTP/MLA request through SSC/processes transaction in UCPath once appropriate signatures are complete.

### College/School Dean's Office

- Reviews the OTP/MLA request for both host/home location for policy compliance
- College Dean/Dean's Staff Office Staff must sign the OTP/MLA form.
- Home Dean's Staff Office monitors faculty honoraria does not exceed 10% of annual base salary in addition to the total annual honoraria received
- Submits an exception request to APO for honoraria payments exceeding \$2,501 or greater

### Academic Personnel Office

- Reviews the OTP/MLA request for both host/location for policy compliance
- Reviews honoraria does not exceed 10% of annual base or threshold amounts per event.
- Provides exception approvals for honoraria payments exceeding \$2,501 or greater
- Submits an exception request to UCOP Academic Affairs for honoraria payment exceeding \$5,000 or greater
- Assistant of Academic Personnel signs the OTP/MLA request
- Coordinates with interlocation contacts for host/home review/approval/payment processing

### Shared Services Center

- Process the OTP/MLA transactions in UCPath for host department once appropriate signatures are complete.

## Overview Process for OTP (UPAY Form 644C-T) and MLA (UPAY Form 560-T)

### A. UCR as **HOST** Location

1. Prior to the event, the host department begins the process by completing the One-Time Payment form ([UPAY 644C-T](#)) or upon candidate acceptance and prior to the appointment start date, host department begins the process by completing the MLA ([UPAY 560-T](#)). *Only initiate one form. Do not use both forms.* Person Organizational Summary in UCPATH should be used to complete the home department information (except for salary which is not available on the Person Organizational Summary and may reach out to home location department). **The host department fund manager-staff/department Chair must sign the form.** Refer to pages 7-8 of this document for the *Appropriate Signature Approvals for the UPAY 644C-T and UPAY 560-T forms.*
2. Host department emails form to host department Dean's Office to endorse the activity and payment(s). **The college Dean/Dean's Office staff must sign the form.** Host Dean's Office emails the form to host Academic Personnel Office [academicpersonnel@ucr.edu](mailto:academicpersonnel@ucr.edu).
3. The host Academic Personnel Office reviews form for completion and policy compliance, signs the form. The form is signed by the Assistant Vice Provost of Academic Personnel Office and is emailed to home Academic Personnel Office.
4. Home Academic Personnel Office reviews the form for completion and policy compliance, signs the form. The form is emailed to host Academic Personnel Office and then the form is emailed to the host department to process payment.
5. Host department will submit request via Servicelink or Snapshot and include the completed form to the shared services centers/host department unit transactors will process the following in UCPATH:
  - a. Add Position and the appropriate job code
  - b. Add Funding
  - c. For OTP (UPAY 644C-T):
    - i. Process Concurrent Hire with FTE=0 and comp rate=0. Enter the expected end job end date and click on the End Job Automatically check box. On comments include this is a 0 FTE job and payment will be issued as one-time payment after the concurrent hire is approved. **Make sure to include the UPAY 644C-T form to the concurrent hire request to prevent transaction from being cancelled by UCPATH Center.**
    - ii. Process the One-Time Payment in the Self-Service Transaction Links (choose Interlocation One Time for reason code) or process in the One-Time Payment Tool.
  - d. For MLA (UPAY 560-T), add Concurrent Hire at appropriate FTE and comp rate. Enter the expected end job end date and click on the End Job Automatically check box. Make sure to include the UPAY 560-T form to the concurrent hire request to prevent transaction from being cancelled by UCPATH Center.

**B. UCR as HOME Location**

1. Home Academic Personnel Office receives completed and signed form from host Academic Personnel Office.
2. Home Academic Personnel Office reviews the form for completion and policy compliance. The form is then forwarded to home department's Dean's Office for signature. **The home Dean/home Dean's staff signs the form.**
3. Home Dean's Office emails the form back to Home Academic Personnel Office for Assistant Vice Provost of Academic Personnel for signature. The form is signed by the Assistant Vice Provost of Academic Personnel Office and is emailed to home Academic Personnel Office.
4. Home Academic Personnel Office emails the form to Host Academic Personnel Office and then the form is emailed back to the host department.
5. Host department ensures the form is completed with all appropriate signatures and ensures the payment is processed in UCPATH.

### **Contact Information**

For questions on these OTP and MLA guidelines for academic appointees please contact [academicpersonnel@ucr.edu](mailto:academicpersonnel@ucr.edu)

For questions on OTP or MLA guidelines for staff title employees please contact Central HR [compensation@ucr.edu](mailto:compensation@ucr.edu)

## Interlocation One-Time Payment Form UPAY 644C-T

*(Appropriate Signature Approvals in red)*

| INTERLOCATION ONE-TIME PAYMENT FORM<br>UPAY 644C-T (R8/11)                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              | Print Form                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOME LOCATION: _____                                                                                                                                                                                                                                             | HOME DEPARTMENT: _____                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                 |
| HOST LOCATION: _____                                                                                                                                                                                                                                             | HOST DEPARTMENT: _____                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                 |
| HOME LOCATION INFORMATION                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                 |
| EMPLOYEE NAME: _____                                                                                                                                                                                                                                             | EMPLOYEE ID #: _____                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                 |
| HOME LOCATION APPOINTMENT TITLE: _____                                                                                                                                                                                                                           | TITLE CODE: _____                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                 |
| ANNUAL OR MONTHLY/HOURLY SALARY: _____                                                                                                                                                                                                                           | <input type="checkbox"/> 09/09 <input type="checkbox"/> 09/12 <input type="checkbox"/> 11/12                                                                                                                                                                                                                                                 | APPOINTMENT %: _____                                                                                                                                                                                                                                                                                                                                            |
| HOST LOCATION INFORMATION                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                 |
| EMPLOYEE TITLE RELATING TO ACTIVITY AT HOST CAMPUS: _____                                                                                                                                                                                                        | TITLE CODE: _____                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                 |
| EVENT SERVICE DATES: FROM: _____ TO: _____                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                 |
| ONE -TIME PAYMENT\$: _____                                                                                                                                                                                                                                       | DESCRIPTION OF SERVICE (DOS) CODE (For example: HON, BYA etc.): _____                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                 |
| HOST LOCATION FUND SOURCE TO BE CHARGED: _____                                                                                                                                                                                                                   | ACCOUNT NAME: _____                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                 |
| LOC ACCT COST CENTER FUND PROJ CODE SUB<br>(0,1,2,5 OR 7 ARE THE ONLY VALID SUBS)                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                 |
| EVENT/SERVICE AND COMPENSATION INFORMATION                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                 |
| PLEASE EXPLAIN DETAILS OF EVENT/SERVICE AND COMPENSATION                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                 |
| APPROVALS                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                 |
| 1. Host Fund Manager/ Host Dept Chair Signature<br>_____<br>Host Location Fund Source Authorization<br>_____<br>Host Dept contact name<br>_____<br>Host Location Contact Name<br>_____<br>Home Dept contact name<br>_____<br>Home Location Contact Name<br>_____ | 2. Host Dean/Host Dean's Staff Signature<br>3. Host Assistant Vice Provost of Academic Personnel Office<br>_____<br>Host Location Dean's Office/Academic or Staff Personnel<br>_____<br>Host Dept contact number<br>_____<br>Host Location Phone Number<br>_____<br>Home Dept contact number<br>_____<br>Home Location Phone Number<br>_____ | 4. Home Dean/Home Dean's Staff Signature<br>5. Home Assistant Vice Provost of Academic Personnel Office<br>_____<br>Home Location Dean's Office/Academic or Staff<br>Personnel<br>_____<br>Host Dept contact email address<br>_____<br>Host Location Email Address<br>_____<br>Home Dept contact email address<br>_____<br>Home Location Email Address<br>_____ |
| _____<br>Date                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                 |
| CC: EMPLOYEE'S HOME DEPT. <span style="float: right;">RETN ACCOUNTING: 5 YRS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS OTHER COPIES 0-5 YEARS</span>                                                                                                            |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                 |



**TEMPORARY INTER-LOCATION/MULTI-LOCATION Form UPAY 560-T**

*(Appropriate Signature Approvals in red)*

|                                                                                                                                                                                          |                                                                                              |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>TEMPORARY INTER-LOCATION OR MULTI-LOCATION APPOINTMENT FORM</b>                                                                                                                       |                                                                                              | <input type="button" value="Print Form"/>               |
| UPAY 560-T (R8/11)                                                                                                                                                                       |                                                                                              |                                                         |
| <input type="checkbox"/> Inter-location Transfer                                                                                                                                         |                                                                                              | <input type="checkbox"/> Multi-location Transfer        |
| HOME LOCATION: _____                                                                                                                                                                     | HOME DEPARTMENT: _____                                                                       |                                                         |
| HOST LOCATION: _____                                                                                                                                                                     | HOST DEPARTMENT: _____                                                                       |                                                         |
| <b>HOME LOCATION INFORMATION</b>                                                                                                                                                         |                                                                                              |                                                         |
| EMPLOYEE NAME: _____                                                                                                                                                                     | EMPLOYEE ID #: _____                                                                         | TITLE CODE: _____                                       |
| HOME LOCATION APPOINTMENT TITLE: _____                                                                                                                                                   | STEP/GRADE: _____                                                                            | MONTHLY OR HOURLY SALARY: _____                         |
| PRIMARY PAY SCHEDULE <input type="checkbox"/> MO <input type="checkbox"/> BW                                                                                                             | <input type="checkbox"/> 09/09 <input type="checkbox"/> 09/12 <input type="checkbox"/> 11/12 | APPOINTMENT %: _____                                    |
| <b>HOST LOCATION INFORMATION</b>                                                                                                                                                         |                                                                                              |                                                         |
| HOST LOCATION TEMPORARY OR MULTICAMPUS APPOINTMENT TITLE: _____                                                                                                                          | TITLE CODE: _____                                                                            | STEP/GRADE: _____                                       |
| PRIMARY PAY SCHEDULE <input type="checkbox"/> MO <input type="checkbox"/> BW <input type="checkbox"/> 09/09 <input type="checkbox"/> 09/12 <input type="checkbox"/> 11/12                | APPOINTMENT %: _____ <input type="checkbox"/> FIXED <input type="checkbox"/> VARIABLE        |                                                         |
| MONTHLY OR HOURLY SALARY: _____                                                                                                                                                          | DESCRIPTION OF SERVICE (DOS) CODE (e.g. REG, Regular, BYN, By Agreement): _____              |                                                         |
| PAY PERIOD DATES: _____ TO _____                                                                                                                                                         | ACCOUNT NAME: _____                                                                          |                                                         |
| HOST LOCATION FUND SOURCE TO BE CHARGED: _____                                                                                                                                           | DIST%: _____                                                                                 |                                                         |
| LOCATION ACCOUNT COST CENTER FUND PROJECT CODE SUB<br>(0,1,2,5 or 7 ARE THE ONLY VALID SUBS)                                                                                             |                                                                                              |                                                         |
| <b>REASON FOR APPOINTMENT</b>                                                                                                                                                            |                                                                                              |                                                         |
| <b>APPROVALS</b>                                                                                                                                                                         |                                                                                              |                                                         |
| 1. Host Fund Manager/ Host Dept Chair Signature                                                                                                                                          | 2. Host Dean/ Host Dean's Staff Signature                                                    | 4. Home Dean/Home Dean's Staff Signature                |
| 3. Host Assistant Vice Provost of Academic Personnel Office                                                                                                                              | 5. Home Assistant Vice Provost of Academic Personnel Office                                  |                                                         |
| Host Location Fund Source Authorization                                                                                                                                                  | Host Location Dean's Office/Academic or Staff Personnel                                      | Home Location Dean/s Office/Academic or Staff Personnel |
| Host Dept Contact Name                                                                                                                                                                   | Home Dept Contact Name                                                                       |                                                         |
| Host Location Contact Name                                                                                                                                                               | Phone Number                                                                                 | Email Address                                           |
| Home Location Contact Name                                                                                                                                                               | Phone Number                                                                                 | Email Address                                           |
| Date: _____                                                                                                                                                                              | Date: _____                                                                                  |                                                         |
| RETN ACCOUNTING: 5 YEARS AFTER SEPARATION, EXCEPT IN CASES OF DISABILITY, RETIREMENT, OR DISPLINARY ACTION, IN WHICH CASE RETAIN UNTIL AGE 70. OTHER COPIES: 0-5 YEARS AFTER SEPARATION. |                                                                                              |                                                         |
| CC:EMPLOYEE'S HOME DEPARTMENT                                                                                                                                                            |                                                                                              |                                                         |