

# What in the FOAPAL?!!

Office of the Vice President for Agriculture,  
Forestry, and Veterinary Medicine

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**MISSISSIPPI STATE**  
UNIVERSITY™

DAFVM

# What is FOAPAL?

- Fund – Type of money
- Organization – Department
- Account – Expense or Revenue Code
- Program – Type of Work
- Activity – Used for detailed reporting
- Location – Payroll Position Number



# Funds

- 1XXXXX State Funding
- 2XXXXX Auxiliary & Designated
- 3XXXXX Restricted funds
- 5XXXXX Endowment funds
- 6XXXXX Plant Funds
- 8XXXXX Cost Share funds
- 9XXXXX MSCL Separate Appropriation



# Organizational Groupings

- 01XXXX – CALS/MAFES/EXT
- 08XXXX – CFR/FWRC
- 18XXXX – CVM
- 19XXXX – Univ. Level Center or Inst.



# Account Codes

- 35XXXX – Revenue
- 40XXXX – Expenditure
  - 401000 – Salary/Wages
  - 403XXX – Fringe Benefits
  - 404XXX – Travel
  - 405XXX – Contractual Services
  - 406XXX – Commodities
  - 408XXX – Equipment
  - 409XXX – Transfers between funds



# Transfer Codes

- 409101/359101
  - Cost Share – different funds
- 409202/359202
  - Non-Cost Share – different funds
- 409301/359301
  - Non-Cost Share – same type funds
- 409302/359302
  - Cost Share – same type funds



# Program Codes

- 01XXXX Instructional
- 02XXXX Research
- 03XXXX Public Service/Outreach
- 04XXXX Mostly Administrative



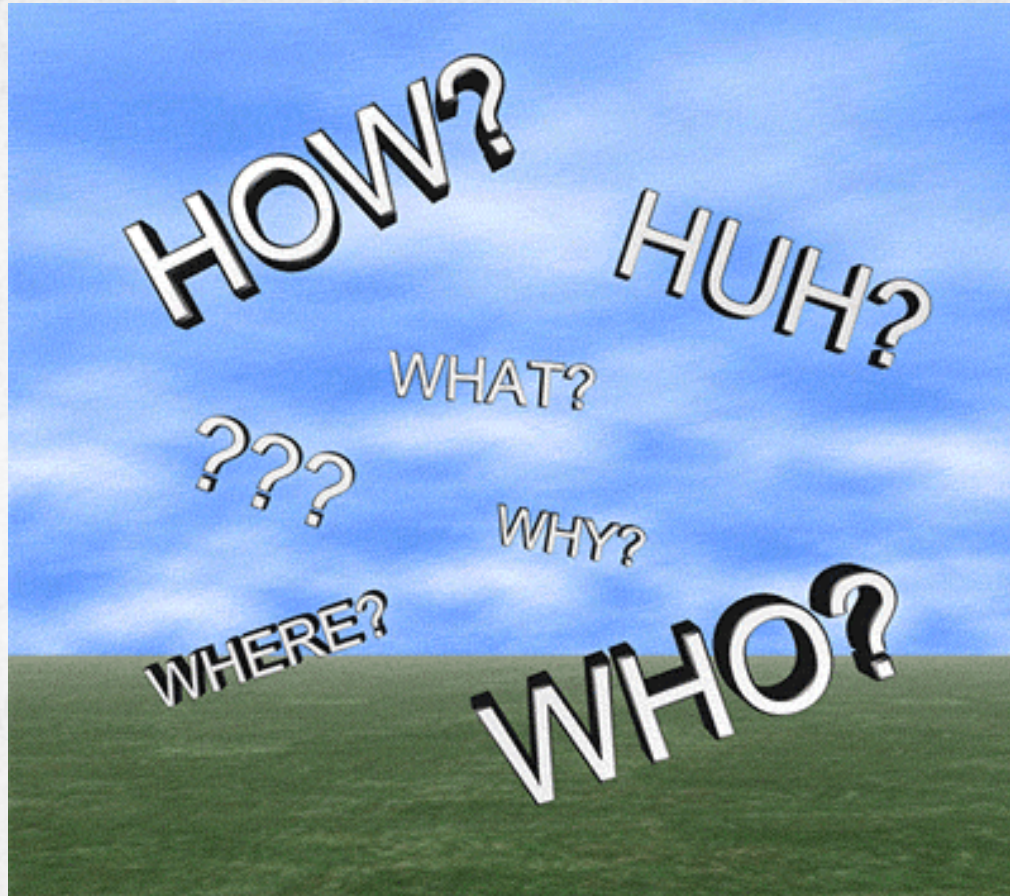
# Activity Codes

- MAFES/FWRC
  - Tied to CRIS project
  - 900100 used for Administration
  - ALL 32/33 funds should have one
- CVM
  - Primarily used internally.
  - Used on funds that require CRIS project





# FORMS



# Where?

- <https://www.hrm.msstate.edu/forms/>
- <https://www.procurement.msstate.edu/procurement/forms/index.php>
- <https://www.controller.msstate.edu/forms/>
- <https://www.travel.msstate.edu/forms/index.php>



# EAF and Employee Contract Attachment Form

**Mississippi State University** **Employment Action Form (EAF)**

The EAF is used to document and control payroll under the employee's current contract. The EAF provides the required action, and is completed by a designated employee in the department in which the action is being done. It should not be prepared by the person for whom the form has been initiated. The EAF form must include signatures by those with authorization for the action taken. Separate forms are required for Job-Labor Redistribution, Request for Other University Employment Activity, or Internal Appointment Request.

Section I: Employee Information <small>(Yellow/Highlighted Fields are Required Fields)</small>		Section II: Transaction Information <small>(Yellow/Highlighted Fields are Required Fields)</small>		Section III: Status Changes <small>(Required Fields if Changes are Made in Section II)</small>					
MSU ID No.:	Name:	Effective Date of Action:	Select Type of Action:	Title:	From Title:				
	(First, Middle, Last Initial)			Position No.:	From Position No.:				
Current/New Title Code:				Pay:	From Pay:				
Home Org. Name:				FTE:	From FTE:				
Home Org. Number:				Other:	From Other:				
Time Sheet Org. Name:				Other:	From Other:				
Time Sheet Org. Number:									
Check Address:									
Mississippi State:	FTE %:	Home Org. Code:	Employee Appointment:	Select Type of Appointment:	Select Type of Operation:				
Please Select:	Please Select:								
Full-time Equivalent Annual Salary or Hourly Rate:									
<b>Human Resources Management Use Only</b>									
<input type="checkbox"/> F&A Leave without Pay, With Benefits <input type="checkbox"/> Leave Without Pay, Without Benefits <input type="checkbox"/> Military Leave Without Pay, With Benefits <input type="checkbox"/> Separation Leave Transfer/Transferring Leave		<b>Section III: Status Changes Continue</b> Select Type of Leave of Absence: Beginning Date: _____ End Date: _____ Number of Weeks: _____							
<b>Section IV: Accounting Distribution</b> <small>(Required Fields)</small>									
Position # & Title:	Account Name:	Fund:	Org:	Program:	Activity:	Start monthly:	Annual Rate or Hourly Rate:	Accounting %:	Balance to be Paid (by month):
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
Totals:							\$0.00	1.0000%	\$0.00

**Mississippi State University** **Employee Contract Attachment Information**

**Complete the information below for all contract data**

**Faculty/Administrator Contract Data**

MSU ID No.: \_\_\_\_\_ Title(s): \_\_\_\_\_ October 15, 2018

Name: \_\_\_\_\_

Home Org. Name: \_\_\_\_\_ Home Org. Number: \_\_\_\_\_

Employee Contracts	Employee Contract Attachments								
Home Department:	<table border="1"> <thead> <tr> <th>Please Select</th> <th>Request Selections</th> <th>Fund</th> <th>%</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Please Select	Request Selections	Fund	%				
Please Select	Request Selections	Fund	%						
Gross Annual Salary (Including all Sign-on)	<table border="1"> <thead> <tr> <th>Please Select</th> <th>Title:</th> <th>Department:</th> <th>Amount Designated:</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Please Select	Title:	Department:	Amount Designated:				
Please Select	Title:	Department:	Amount Designated:						
Traveler Status	<table border="1"> <thead> <tr> <th>Please Select</th> <th>Title:</th> <th>Department:</th> <th>Amount Designated:</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Please Select	Title:	Department:	Amount Designated:				
Please Select	Title:	Department:	Amount Designated:						
Is position funded by Cross-Title/Contracts	<table border="1"> <thead> <tr> <th>Please Select</th> <th>Title:</th> <th>Department:</th> <th>Amount Designated:</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Please Select	Title:	Department:	Amount Designated:				
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Title:	<table border="1"> <thead> <tr> <th>Please Select</th> <th>Title:</th> <th>Department:</th> <th>Amount Designated:</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Please Select	Title:	Department:	Amount Designated:				
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Department:	<table border="1"> <thead> <tr> <th>Please Select</th> <th>Title:</th> <th>Department:</th> <th>Amount Designated:</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Please Select	Title:	Department:	Amount Designated:				
Please Select	Title:	Department:	Amount Designated:						

Prepared By: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mail Stop: \_\_\_\_\_

The Employee Contract Attachment Form should be attached to the Employment Action Form (EAF) and submitted to Human Resources Management for processing.

HRM - Revised 06/2018



# RAP and SARF

**REQUEST FOR ADDITIONAL PAY (RAP)** MISSISSIPPI STATE UNIVERSITY

Employee Name: \_\_\_\_\_ Department Name: \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Department Org. #: \_\_\_\_\_  
 State of Pay: \_\_\_\_\_ Mail Stop: \_\_\_\_\_  
 Date Prepared: \_\_\_\_\_

Form Type/Function Type (Select all that apply): \_\_\_\_\_  
 Request Type: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Hours Worked: \_\_\_\_\_  
 Work Performed Begin Date: \_\_\_\_\_  
 Work Performed End Date: \_\_\_\_\_

Justification Description: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 I understand this request for additional compensation must receive all required university approval. PRIOR to my engaging in any additional employment activity, I certify that this additional employment activity will not result in a conflict of interest with or commitment to my primary employment. A separate request for additional compensation must be completed PRIOR to such employment activity.

POSITION #	DATE OF PAYMENT	ACCOUNT NAME	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	AMOUNT	%	Prepared Type Publics
				401000						Please indicate the appropriate link below to view the RAP policy
				401000						<a href="#">Request Compensation Table 50.311</a>
				401000						<a href="#">RAP Within State Student</a>
				401000						<a href="#">RAP Within Out-of-State</a>
				401000						<a href="#">Request Compensation</a>
				401000						<a href="#">Faculty Workload Policy 13.13</a>
				401000				\$0.00		

State Department Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_  
 Requesting Department Signature (Required if Different): \_\_\_\_\_ Date: \_\_\_\_\_  
 Budget Period Use Only

Prepared & Submitted Via President/Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

MISSISSIPPI STATE UNIVERSITY SUMMER APPOINTMENT REQUEST FORM

Provide this form to request payment for a summer appointment (not just Summer School Teaching Appointment) during the period May 15 - August 15 for a 9-month employee. This form will not be accepted for any other type of payment. Obtain the appropriate signatures appropriate and forward to the Department of Human Resources Management, and the HRIS & HRIS Manager.

Employee Information: \_\_\_\_\_  
 Request #: \_\_\_\_\_  
 Department Name: \_\_\_\_\_  
 Position Number: \_\_\_\_\_  
 Home Org. Name: \_\_\_\_\_  
 Home Org. Number: \_\_\_\_\_  
 Annual Rate of Pay: \_\_\_\_\_

Work Requested Information: \_\_\_\_\_  
 Beginning Date: \_\_\_\_\_  
 Ending Date: \_\_\_\_\_  
 Date Prepared: \_\_\_\_\_  
 Prepared By: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Mail Stop: \_\_\_\_\_  
 Description of Type of Service Performed: \_\_\_\_\_  
 Non-Appointed Research  General Research  Service  L1 Teaching  Other \_\_\_\_\_

Justification: \_\_\_\_\_

Requesting Department Information: \_\_\_\_\_  
 Department Name: \_\_\_\_\_  
 Position Number: \_\_\_\_\_  
 Summer Appointment Policy: [Summer School Teaching](#)

Additional Summer Pay, if Applicable (For Information Only) if Not Applicable, Enter N/A or 0%  
 Request #: \_\_\_\_\_  
 Request #: \_\_\_\_\_  
 Request #: \_\_\_\_\_  
 Request #: \_\_\_\_\_  
 Request #: \_\_\_\_\_  
 Request #: \_\_\_\_\_

Requesting Department Signature (Required if Different): \_\_\_\_\_ Date: \_\_\_\_\_  
 Budget Period Use Only

Prepared & Submitted Via President/Vice President: \_\_\_\_\_ Date: \_\_\_\_\_



# Request for Adjustment Check (RAC)

**Mississippi State University** **Request For Adjustment Check**

Payment requires approval from employer's Vice-President. Submit this form to the Office of the Controller/Treasurer, Payroll Office (229 McArthur Hall), Mail Stop 5602.

<b>Employee Information:</b> MSU Identification #: _____ Name: _____ (Print, Middle, Last)	<b>Department Information:</b> Department Name: _____ Org. Number: _____ Prepared by: _____ Phone: _____
Amount of Payment \$ _____  Rate of Pay \$ _____	Justification for Adjustment Check: _____

You must attach the original Employment Action Form, Request for Other University Employment, or Summer Appointment, if not already submitted. If the original has been submitted, you must attach a copy of the appropriate paperwork.

Position Number	Earn Code	Account Name	Fund	Org	Account	Program	Activity	Amount of Payment	%

Signature/Date: \_\_\_\_\_ Department Head  
 Signature/Date: \_\_\_\_\_ Dean/Director  
 Signature/Date: \_\_\_\_\_ Vice-President

**Payroll Schedule, Overtime Periods and Due Dates for Employment Action Forms (EAFs)**  
Fiscal year 2018-19

Month	SM P/R	Pay Period	Employment Action Form Due to Human Resources by 9:00 a.m.	Include Overtime Worked Between These Dates	No. of Wks	Fall Time	Department Key Time	Pay Day
July 2018	#12	7/1 - 7/15	6/21/2018	6/17-6/30	2	7/2/2018	Thursday, July 5, 2018	Friday, July 13, 2018
	Holiday	7/16 - 7/31	7/9/2018	7/1-7/14	2	7/28/2018	Monday, July 31, 2018	Tuesday, July 31, 2018
August 2018	#15	8/1 - 8/15	7/24/2018	7/15-7/28	3	8/6/2018	Tuesday, August 7, 2018	Wednesday, August 15, 2018
	#16	8/16 - 8/31	8/9/2018	7/29-8/11	2	8/22/2018	Thursday, August 23, 2018	Friday, August 31, 2018
September 2018	#17	9/1 - 9/15	8/22/2018	8/13-8/25	3	9/5/2018	Thursday, September 6, 2018	Friday, September 14, 2018
	Holiday	9/16 - 9/30	9/6/2018	8/26-9/8	2	9/19/2018	Thursday, September 20, 2018	Friday, September 28, 2018
October 2018	#19	10/1 - 10/15	9/21/2018	9/9-9/22	2	10/4/2018	Friday, October 5, 2018	Monday, October 15, 2018
	#20	10/16 - 10/31	10/9/2018	9/23-10/6	2	10/22/2018	Tuesday, October 23, 2018	Wednesday, October 31, 2018
November 2018	#21	11/1 - 11/15	10/23/2018	10/7-10/20	2	11/8/2018	Tuesday, November 6, 2018	Thursday, November 15, 2018
	Holiday	11/22 - 11/29/18	11/6/2018	10/21-11/3	2	11/19/2018	Tuesday, November 20, 2018	Friday, November 30, 2018
December 2018	#23	12/1 - 12/15	11/20/2018	11/4-11/17	3	12/3/2018	Tuesday, December 4, 2018	Friday, December 14, 2018
	Holiday	12/21 - 12/31/18	11/26/2018	11/18-12/1	2	12/27/2018	Monday, December 10, 2018	Tuesday, December 18, 2018
January 2019	#1	1/1 - 1/15	12/12/2018	12/2-12/22	3	1/4/2019	Monday, January 7, 2019	Tuesday, January 15, 2019
	Holiday	1/16 - 1/21/19	1/8/2019	12/23-1/5	2	1/22/2019	Wednesday, January 23, 2019	Thursday, January 31, 2019
February 2019	#3	2/1 - 2/15	1/23/2019	1/6-1/26	3	2/6/2019	Thursday, February 7, 2019	Friday, February 15, 2019
	#4	2/16 - 2/28	2/9/2019	1/27-2/9	2	2/19/2019	Wednesday, February 20, 2019	Thursday, February 28, 2019
March 2019	#6	3/1 - 3/15	2/21/2019	2/10-2/23	2	3/6/2019	Thursday, March 7, 2019	Friday, March 15, 2019
	#6	3/16 - 3/31	3/7/2019	2/24-3/9	2	3/20/2019	Thursday, March 21, 2019	Friday, March 29, 2019
April 2019	#7	4/1 - 4/15	3/22/2019	3/10-3/23	3	4/4/2019	Friday, April 5, 2019	Monday, April 15, 2019
	Holiday	4/16 - 4/30	4/5/2019	3/24-4/6	2	4/18/2019	Monday, April 22, 2019	Tuesday, April 30, 2019
May 2019	#9	5/1 - 5/15	4/23/2019	4/7-4/20	2	5/6/2019	Tuesday, May 7, 2019	Wednesday, May 15, 2019
	Holiday	5/16 - 5/31	5/8/2019	4/21-5/1	3	5/21/2019	Wednesday, May 22, 2019	Friday, May 31, 2019
June 2019	#11	6/1 - 6/15	5/22/2019	5/13-5/25	2	6/5/2019	Thursday, June 6, 2019	Friday, June 14, 2019
	#12	6/16 - 6/30	6/9/2019	5/26-6/15	3	6/19/2019	Thursday, June 20, 2019	Friday, June 28, 2019



# Other Forms

- JLRF
- Budget Transfer
- Educational Achievement Form
- Request for Designated Fund Establishment
- Contract Cover Sheet
- International travel



# Avoiding Hiccups!

- Route correctly
- Sign-Here Post-its
- Clip paperwork together
- Required backup



# Assistance

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Questions??



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