



Activity Pay Template – to be used only for Activity Pay in addition to primary position

Today's Date

Employee's Name

Employee's Address

Dear Employee's First Name :

I am pleased to finalize our agreement outlining the services to be rendered to the university commencing on Start Date and ending on End Date. As outlined below, it is expected that the following services are to be performed:

Description of Responsibilities.

Compensation: In exchange for these services, you will be paid Dollar Amount. You can expect payment split equally throughout the activity period.

This activity does not impact any additional employment terms governing your primary position or overall employment at Carnegie Mellon.

Please sign, date and return this Activity Pay letter and return to me to acknowledge the terms outlined in this memo.

Very truly yours,

Authorized Signatory Name

Authorized Signatory Title

_____	_____
Employee Signature	Date

Requesting Organization Approvers (Standard Approval Flow)

This transaction will be routed to the approvers associated with the employee's primary position. If the employee does not hold a position within your organization, please obtain the signatures of the appropriate approvers within your department before payment is processed.

_____ Supervisor	_____ Financial Approver
_____ Supervisor's Supervisor	_____ ALG Member
_____ Human Resources Business Partner	_____ Threshold Approver