Upload – On-Going Payments

The following instructions will walk you through the steps on how to prepare a file for upload using excel. The file will be loaded into Mosaic by the HR Service Centre.

This file must be completed accurately with all required information and approvals in the required format and submitted by the applicable HR deadlines.

<u>Please Note:</u> The standard Research and Finance Office approvals are required for all payments. The HR Service Centre will accept an email approval with the completed upload file attached.

*When submitting electronically, you must password protect files containing employee information to ensure confidentiality.

REQUIRED	TITLE	DESCRIPTION
*Required	Employee ID	Employee ID of the individual to receive the payment or deduction (Example: 001234567 9 Digits — this column is already formatted as text. If the leading zeros do not appear, please select the column and format to text)
*Required	Employee Record	Employee Record of the individual to receive payment or deduction. This is found on the Job Data page and is unique to the employee and position (If this is the primary position the EMPL_RCD is usually '0')
*Required	Earnings Code	Enter Earnings Code If you are unsure of the earnings code to use, please contact the HR Service Centre
*Required	Effective Date	The date entered should be in the pay period in which you want the payment or deduction to occur. The date must be in MM/DD/YYYY format. This will be the date the payment begins. Mosaic will not pro-rate based on effective date or end date.
Optional	Combo Code	Enter a valid combo code as desired (Example: 5050100710323PJ10521294). If left blank, the costs will be charged to the combo code attached to the position. Benefit costs will always go to the Benefit account on the position. If you are not providing this information, please leave column blank.
Optional	Other Hours	Enter total hours per pay period if the payment has hours associated. If no hours, leave blank. If you are not providing this information, please leave column blank.

Optional	Hourly Rate	Enter the applicable rate to pay when hours are entered. If this is left blank and hours are entered and no Other Pay amount is entered, the rate from Job Data will be used.
Optional		If you are not providing this information, please leave column blank.
		Enter the Per Pay amount to be paid to the employee unless hours
		and a rate have been entered.
Optional	Other Pay	Note: In order to determine this amount, divide the goal amount
		by the number of pay periods this will be paid. Remember, if the
		Pay Period 1, 2 and 3 box is checked it will pay over all pays,
		including third pays.
		If you are not providing this information, please leave column blank.
		Enter the date that the on-going payment should stop being paid to
		the employee. If this is a one-time payment, please use the one-
		time payment form. If this is not known, the payment will stop
Optional	Earnings End Date	once the Goal Amount is reached. Mosaic will not pro-rate based
•		on effective date or end date.
		If you are not providing this information, please leave column
		blank.
		Enter the total amount to be paid to the employee throughout the
	Goal Amount	duration of the on-going payment. If this is left blank the payment
Optional		will stop once the end date is met.
		If you are not providing this information places losses as lesses
		If you are not providing this information, please leave column blank.
	D. D. L. 14	Enter a Y for Yes or N for No to indicate if this payment should be
*Required	Pay Period 1	made on the first pay period of the month. (this is usually set to Y)
		Enter a Y for Yes or N for No to indicate if this payment should be
*Required	Pay Period 2	made on the second pay period of the month. (this is usually set to
		Y)
*Required	Pay Period 3	Enter a Y for Yes or N for No to indicate if this payment should be
-		made on the third pay period of the month. (this is usually set to Y) Enter a course ID if applicable (max 30 characters)
		Litter a course in it applicable (max 30 characters)
Optional	Course ID	If you are not providing this information, please leave column
		blank.
		Enter a payment reason if applicable (max 70 characters)
Optional	Payment Reason	
•		, , , , , , , , , , , , , , , , , , , ,
		Enter a comment if applicable (max 254 characters)
Optional	Lomment	
		If you are not providing this information, please leave column
Optional	Payment Reason Comment	Enter a payment reason if applicable (max 70 characters) If you are not providing this information, please leave column blank. Enter a comment if applicable (max 254 characters)

		If entered, this must be entered exactly as it appears on Job Data (Example: AMY)
Optional	First Name	If you are not providing this information, please leave column blank.
		If entered, this must be entered exactly as it appears on Job Data (Example: NOOYEN)
Optional	Last Name	If you are not providing this information, please leave column blank.

Please ensure to enter; an "Other Pay" amount – or - an "Hourly Rate" and "Other Hours" to be paid.

The payment will continue to be paid until the earlier of; the "Goal Amount" reached, or the "Earnings End Date" as entered.