

FELOWSHIP POST-AWARD PROCESS

Fellowship Post-Award Process

This document will help walk you through the process of processing stipend paperwork, reviewing the establish stipend, and troubleshooting problems. Keep in mind that before the stipend can be established, the university must receive a Notice of Grant Award (NOGA) from the sponsor and establish an index within Oracle Banner System.

Sponsor Award Information

Once the NOGA has been issued, WSU Sponsored Programs Administration (SPA) will review the information, enter it into the system, and generate a Grant Fund Authorization form (GFA). This information will be available for view in Oracle –Banner on the FRIGITD.

****Tip****

Download the Notice of Grant Award (NOGA) from Researcher Dashboard and review the document. Be sure to note:

- ✦ The project period
- ✦ The budget period
- ✦ Any special instructions and conditions given by the Sponsor

Stipend Payment

WSU Payroll is responsible for processing the student's fellowship stipend payment. WSU requires the student's fellowship stipend assignment to be processed through HR Client Services MPN Region. Since fellowship stipend payments are not for services rendered, the fellow (stipend recipient) is *not an employee of the university*. Below explains this process starting with the Department Administrator.

Department Administrator – Beginning of EPAF Process

Stipend/Benefit Process

Once the notice of award has been received and an index number has been established by SPA, the student/fellow **must** fill out the forms (linked below) and return them to their department administrator. For reference, examples of correctly completed forms have been included.

- ✦ [Honoraria/Award Data form](#)
- ✦ [Fellowship Eligibility and Requirement Questionnaire](#)
- ✦ [Employee Benefit Enrollment/Change form](#)

****Tip****

If you have a student/fellow who is a foreign national, additional steps may be required. Advise the student/fellow to contact [Office of International Student Scholars](#) to make sure they have completed all the necessary requirements in order to receive their stipend.

WAYNE STATE UNIVERSITY Honoraria/Award Data Form

Complete the following (incomplete forms will not be processed):

Payee's Full Name (include middle initial): Robert J. Smith	Banner ID/SSN/ITIN: 000123456
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Are You:

A citizen or Permanent Resident of the U.S.?----- Yes No

If "Yes", complete this form and a W-9.

If "No", complete this form and a W-8.

A Full or Part-time employee of Wayne State University?----- Yes No

A Student at Wayne State University?----- Yes No

Have you received any payments from the University within the past 12 months?----- Yes No

If "Yes", complete the following:

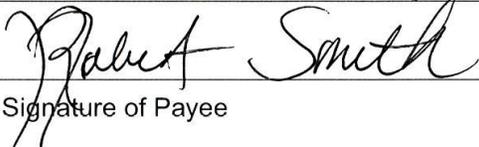
Date(s) of Payment: 4/27/2015

Amount(s) of Payment: \$2,500.00

Honoraria/Award Information:

Date(s) services will be provided:	
Describe what the payment is for:	
Location services will be provided:	

Payee's Certification: I certify that the information contained in the above statements and supported with the required attachments about the payee presents a fair and accurate presentation of my status for tax and immigration purposes which constitutes a responsible assertion to the Internal Revenue Service.

 Signature of Payee	<u>1/20/15</u> Date
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Print Form

WAYNE STATE UNIVERSITY Fellowship Eligibility and Determination Requirements Questionnaire

Recipient Name: Robert John Smith

Banner ID#: 000123456

Eligibility Questions:

- 1. Is the recipient a currently enrolled WSU undergraduate or graduate student, (Post Docs, GRA's, GSA's and GTA's **should not** be paid using the Stipend Process) or an eligible enrolled graduate, undergraduate, or Research Experience for Undergraduate (REU) student from another University?..... Yes No
- 2. Is the individual required to perform any specific time or hourly related work and/or services to receive these payments?..... Yes No

Mandatory Attachments (required EPAF Attachments):

- 1. Fellowship Eligibility and Determination Requirements Questionnaire
- 2. Signed Offer and Acceptance Letter
- 3. Citizen's Declaration Form
- 4. W-8BEN for Nonresident Alien (NRA) (if applicable)

Robert Smith

Signature of Originator

5/1/2015

Date

Print Form



Employee Benefit Enrollment/Change Form

Must be completed in full. Incomplete forms will delay benefit processing. A valid Michigan or Ontario address is required.

Department Use Only:

Employee Name (Last, First) Please print Smith, Robert		Banner ID 000/23456	Social Security No. 000123456	Date of Birth 01-01-78
Street Address 12 Warrior Lane		City Detroit	State MI	Zip 48xxx
Date of Hire 01-20-2015	Work Phone 313-577-xxxx	Home Phone 586-377-xxxx	Email/Access ID rsmith@wayne.edu	

Please check one: New Enrollment Open Enrollment Change Life Status Change (must supply Life Status Change form and proof of eligibility)

<p>Pre and Post Tax Medical Deductions Check Only One <input type="checkbox"/> I elect PRE-TAX deductions (Default) (3/A) <input type="checkbox"/> I elect POST-TAX deductions (4/B)</p> <p>Medical Insurance Check Only One (See rate schedules for plan costs.)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Total Health Care HMO (BT3/4)(BT/ATB)</td> <td><input type="checkbox"/> DMC Care PPO (BD3/4) (BDA/BDB)</td> </tr> <tr> <td><input type="checkbox"/> Health Alliance Plan HMO (BC3/4) (BCA/BCB)</td> <td><input type="checkbox"/> Community Blue PPO (BE3/4) (BEA/BEB)</td> </tr> <tr> <td><input type="checkbox"/> Blue Care Network HMO (BB3/4) (BBA/BBB)</td> <td><input type="checkbox"/> Blue Cross Blue Shield (BA1/4) (BAA/BAB)</td> </tr> <tr> <td><input type="checkbox"/> Waive Medical Coverage</td> <td><input type="checkbox"/> Cash In Lieu of Medical (BCML) MUST submit Cash In Lieu of Medical Form and proof of other group coverage to receive cash benefit.</td> </tr> </table> <p>For rate schedule and medical plan descriptions: http://hr.wayne.edu/tcw/health-welfare/med-insurance.php</p> <p>Vision Coverage: Check Only One <input type="checkbox"/> Basic (BVS) <input type="checkbox"/> Enhanced Buy-Up (BVE)</p> <p>Note that Basic vision insurance is bundled with medical insurance for all eligible groups. If you elect medical and are eligible, you will receive Basic vision coverage unless you elect Enhanced Buy-Up.</p> <p>Voluntary Vision Coverage: Non-Medical Participants Only For those electing Cash In Lieu of Medical coverage, complete the Voluntary Vision Plan Enrollment Form to elect a voluntary vision plan. www.wayne.edu/hr/tcw/forms.php</p> <p>Dental Coverage Check Only One <input checked="" type="checkbox"/> Delta Dental (BG3/BGA) <input type="checkbox"/> Waive Dental Coverage (BG9)</p> <p>Life/AD&D Insurance (BL5/A/3/4/D) The Basic and Supplemental Life/AD&D Enrollment/Change Form is on the back of this form.</p>	<input type="checkbox"/> Total Health Care HMO (BT3/4)(BT/ATB)	<input type="checkbox"/> DMC Care PPO (BD3/4) (BDA/BDB)	<input type="checkbox"/> Health Alliance Plan HMO (BC3/4) (BCA/BCB)	<input type="checkbox"/> Community Blue PPO (BE3/4) (BEA/BEB)	<input type="checkbox"/> Blue Care Network HMO (BB3/4) (BBA/BBB)	<input type="checkbox"/> Blue Cross Blue Shield (BA1/4) (BAA/BAB)	<input type="checkbox"/> Waive Medical Coverage	<input type="checkbox"/> Cash In Lieu of Medical (BCML) MUST submit Cash In Lieu of Medical Form and proof of other group coverage to receive cash benefit.	<p>Department Use Only</p> <p>Eff Date: _____</p> <p>DOH: _____</p> <p>E Class: _____</p> <p>Med: _____</p> <p>Dental: _____</p> <p>Vision: _____</p> <p>Life: _____</p> <p>LTD: _____</p> <p>Sup Life: _____</p> <p>Dep Life: _____</p>
<input type="checkbox"/> Total Health Care HMO (BT3/4)(BT/ATB)	<input type="checkbox"/> DMC Care PPO (BD3/4) (BDA/BDB)								
<input type="checkbox"/> Health Alliance Plan HMO (BC3/4) (BCA/BCB)	<input type="checkbox"/> Community Blue PPO (BE3/4) (BEA/BEB)								
<input type="checkbox"/> Blue Care Network HMO (BB3/4) (BBA/BBB)	<input type="checkbox"/> Blue Cross Blue Shield (BA1/4) (BAA/BAB)								
<input type="checkbox"/> Waive Medical Coverage	<input type="checkbox"/> Cash In Lieu of Medical (BCML) MUST submit Cash In Lieu of Medical Form and proof of other group coverage to receive cash benefit.								

Membership Information: Please provide requested information for self and each dependent you wish to enroll. If you are enrolling in a HMO plan (HAP, BCN, THC), you MUST select a Primary Care Physician and add to the table below for yourself and each dependent. The University reserves the right to request additional documentation to verify eligibility of all dependents.

Last Name	First Name	Social Security Number (Required)	Sex (M/F)	DOB (M/D/Y)	Relation Code*	Attach Required Documentation	Primary Care Physician Name & ID #	Office Use
(Self)	Smith	Robert	M	2-01-88	S	N/A	Dr. Pau #5678	
(Spouse/DEP)	Smith	Ann	F	9-10-89	M	1040/Other	Dr. Pau #5678	
(Child)	Smith	John	C	3-01-06	C	Birth Certificate	Dr. Pau #2138	
(Child)						Birth Certificate		

*Relation Code: S=Employee, M=Spouse, C=Child, R=Senior Rider, O=Sponsored Dependent, H=Disabled Dependent, O=Other Eligible Person
 The information listed above is correct to the best of my knowledge. I authorize bi-weekly deductions, if appropriate, for insurance based on the current rates and any future rate increases. I certify that the names above are legal and eligible dependents. I understand that falsely certifying eligibility requirements in any respect could result in disciplinary action, that the University may request additional eligibility evidence, that I will be liable for all expenditures for coverage and benefits plus any administrative expenditure and that I must notify the Total Compensation and Wellness Department immediately when a dependent becomes ineligible. I authorize release of the information listed above to the insurance plan I have selected for the purpose of obtaining coverage. The information will be provided to the insurance plan in electronic format. I have provided required documentation to support proof of dependency.

Employee Signature Robert Smith	Date 1/20/2015
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Please return to: Total Compensation and Wellness, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637

After the student/fellow has returned the forms to the department administrator for processing, the department administrator creates an Electronic Personnel Action Form (EPAF). After submitting the EPAF, the original signed forms are forwarded to WSU HR Client Services MPN Region. You can connect to the EPAF system through [WSU Academia](#).

****Tip****

Be sure to make a copy of the signed forms for your records.

HR Client Services MPN Region – Completion of EPAF Process

After HR Client Services receives the EPAF, original signed forms, and index from the department administrator, the representative will upload those documents into a database called *Xtender Solution*. This system allows various departments to “index” important documents for retrieval by others. In this circumstance, for example, the Letter of Intent (if applicable), Honoraria/Award Data Form and Fellowship Eligibility Requirement Questionnaire forms are indexed to Office of Student Financial Aid (OSFA) and Payroll and the Employee Benefit Enrollment/Change form is indexed to Total Compensation and Wellness (TCW).

On a weekly basis, departments such as Office of Student Financial Aid, Total Compensation and Wellness, and Payroll will run weekly Xtender Solution reports to find out what forms are in their folders. At this point, the designated locations are able to finish their internal processes by downloading the forms and applying the information to WSU Oracle-Banner system.

Completion of the EPAF Process

The Human Resources administrator assigned to the mentor’s department reviews the EPAF for any errors. Additionally, Fiscal Affairs must approve the EPAF before the process can continue. After the EPAF has been reviewed and approved and the changes are applied to Oracle Banner and Researcher Dashboard, and the stipend assignment is now reflected in the university record, the student/fellow will start receiving his/her stipend payments.

****Tip****

Review the budget in Banner before processing your EPAF to make sure that the budget was loaded correctly and matches the NOGA. Catching mistakes now may help speed up the process.

Checking your Fellowship/Stipend

There are several WSU systems available to departmental administrators where the processed fellowship EPAF can be accessed and viewed for accuracy. Two of these systems are Oracle Banner System and Dashboard.

Oracle Banner System – FRIGITD Screen

As shown below, the department administrator can go into Oracle-Banner FRIGITD screen and enter the index number into the field to populate the grant, fund, and organization and program data.

The FRIGITD screen provides the user a view of the expenditure line items of the budget. The budgetary line items that should be present for fellowships assignments is illustrated below.

- ✦ Medical Insurance
- ✦ Dental Insurance
- ✦ General Expenditure Budget Pool
- ✦ Scholarships and Fellowship
- ✦ Stipends

The screenshot shows the Oracle Banner FRIGITD interface. At the top, there are navigation menus (File, Edit, Options, Block, Item, Record, Query, Tools, Help) and a toolbar. Below that, the window title is "Grant Inception to Date FRIGITD 8.9 (PROD)".

The main area contains several input fields for filtering data:

- Chart of Accounts:** W
- Index:** 40
- Program:** 22
- Account Type:** [dropdown]
- Date From (MM/YY):** 10 / 12
- Grant:** 68667
- Fund:** 21 M77
- Activity:** [dropdown]
- Account:** [dropdown]
- Date To (MM/YY):** 08 / 15
- Organization:** [dropdown]
- Location:** [dropdown]
- Account Summary:** All Levels
- Grant Year:** [checkbox]
- Include Revenue Accounts
- Exclude Indirect Costs
- Hierarchy
- Fund Summary
- By Sponsor Account

Below the filters is a table with the following data:

Account Type	Adjusted Budget	Activity	Commitments	Available Balance
6223 L Medical Insurance	0.00	452.79	0.00	-452.79
6224 L Dental Insurance	0.00	72.77	0.00	-72.77
721 E Gen. Expenditures Budget Pool	525.56	0.00	0.00	525.56
72111 E Scholarships and Fellowships	0.00	0.00	0.00	0.00
7212 L Stipends	4,736.33	4,736.33	0.00	0.00
Net Total:	5,261.89	5,261.89	0.00	0.00

WSU- Researcher Dashboard

Researcher Dashboard also reflects budgetary line items of the Oracle Banner FRIGITD screen. However, it also provides the user with an opportunity to explore details of each budgetary line item in a user friendly format. If any discrepancies are noted, contact your GCO in SPA immediately to resolve. By addressing problems early, you may save yourself time at grant closeout.

Dashboard » Browse Units » Unit Awards » View Award » Expense Account Types

Extra-Utility: Nursing Activities Register of the Tampa Hillsborough County

Fund: All Funds

Account	Budget Amount	Expensed	Committed	Available
Fringe Benefits	\$2,101.15	\$7,956.88	\$0.00	-\$5,855.73
General Expenditures	\$5,981.71	\$1,681.15	\$0.00	\$4,300.56
Stipends & Taxable Honorariums	\$49,282.14	\$49,282.14	\$0.00	\$0.00
Travel and Entertainment	\$0.00	\$375.00	\$0.00	-\$375.00
Internal Unrestricted Transfers	\$0.00	-\$1,930.17	\$0.00	\$1,930.17
Total:	\$57,365.00	\$57,365.00	\$0.00	\$0.00

Things to Keep in Mind Regarding Fellowship Awards

Are Fellowship and Graduate Research Assistant (GRA) assignments processed the same way?

- ✚ No. Graduate Research Assistant assignments (GRA) are considered employees of WSU; while, students who are on Fellowships are not. Even though both are processed through WSU- EPAF system, the paperwork and EPAF queue setups are different.

Who pays the difference for Medical/Dental/Vision?

- ✚ WSU employees and students on some stipend awards have the option to choose health care, dental and vision providers. However, if there is a difference in what the grant will cover and what the student/fellow chooses, there must be a plan to pay the difference. This difference could come from the department's general fund, mentor's research and development (R&D), or the mentor's indirect cost account (IDC) but not from any federal dollars. Discussions should take place *prior* to beginning the fellowship process to ascertain which funding source is agreeable with the mentor and his/her department should additional funding become necessary.

What happens if the student does not submit their Employee Enrollment Form on time?

- ✚ The student/fellow's medical/dental/vision effective date is the first of the month after their hire date. If the student/fellow fails to apply for

Medical/Dental/Vision coverage by 30 days of employment, their choices maybe limited. For more information click on the web link:

<http://hr.wayne.edu/tcw/benefits/index.php>.

If medical/dental/vision charges were not expended on the grant (FMS-FRIGITD), where do I start to correct this matter?

- ✚ Contact Total Compensation Wellness (TCW) to make sure they have received the Employee Benefit Enrollment/Change form from the student/fellow's stipend appointment through EPAF via Application Xtender Solutions. Once it has been established that this form was submitted, contact the main number at WSU Fiscal Operations at this link: . : <http://fisops.wayne.edu/accounting/general/contact.php>.

Could there be any tax liabilities involving fellowship grants?

- ✚ *This depends on the citizenship status of the student/fellow.*

US Citizen

The student/fellow stipend is added to their financial aid resources. Because every student has a Cost of Living Allowance (COLA) attached to their financial aid, OSFA adjusts/deducts the stipend award from the student/fellow budgeted COLA allotment. Therefore, the student/fellow never has to fill out any tax forms because there is no earned income involved.

NON US Citizen

- ✚ *Students/fellows who are non-citizens must fill out a W-8BEN tax form. To complete the form, the student/fellow must have an Individual Tax Identification Number (ITIN). If student/fellow needs help with obtaining this number, contact Office of International Students and Scholars. The student/fellow **will not** receive stipend payments until the ITIN has been established and the W-8BEN tax form has been completed and submitted. The W-8BEN tax form must be submitted with the Honoraria/Award form, Fellowship Eligibility and Requirement Questionnaire and the Employee Change form (only if the student/fellow is signing up for medical benefits) to HR Client Services MPN Region for uploading into XTender Solution Database.*

Does HR Client Services have a deadline date that I must adhere to? If so, what happens if I miss HR Client Services deadline date?

- ✚ HR Client Services has deadline dates for processing all fellowship assignments. For HR Client Services MPN deadline calendar, click on this link: [EPAF Transaction Management - Client Services - Human Resources - Wayne State University](#).

- ✦ If HR Client Services deadline has passed and the appointment has not been applied WSU-Banner NBAJOBS screen the student/fellow cannot receive their stipend payment. Because HR Client Services effective dates are two weeks in advance of the deadline date, if one deadline is missed, the student/fellow will have to wait at least **one month** to receive their first stipend check. Please adhere to HR Client Services deadline!

Since most fellowship grants may not cover the student's entire tuition, are there additional resources that can be utilized through WSU-SOM?

- ✦ *At this point, there is no available funding to absorb the tuition shortfall. The department and faculty (mentor) will be required to cover the tuition shortfall. The types of accounts that are most commonly used for this purpose are:*
 - ✦ *Indirect Cost account (IDC)*
 - ✦ *General Fund account (GF)*
 - ✦ *Research and Development (R&D)*

If the grant ended and the stipend does not pay out fully, how do I handle this situation?

- ✦ *You would need to process an EPAF and have SPA extend the fellowship current contract dates. After the stipend has been paid out completely, work with SPA to reclose the index.*

Should the department notify OSFA about a student receiving a fellowship award?

- ✦ *This is optional. However, it would be advisable for the student to contact Office of Student Financial Aid to make sure their record (resources) are up to date so there won't be any interruptions in the student's financial aid awards.*

ADDITIONAL RESOURCES

Below are links to different units within WSU that can assist with Post Award Fellowship needs.

WSU Units

Sponsor Programs Administration: <http://spa.wayne.edu/>

Total Compensation Wellness (TCW): <http://hr.wayne.edu/tcw/benefits/index.php>

Human Resources Client Services: <http://hr.wayne.edu/clientservices/index.php>

Fiscal Operations: <http://fisops.wayne.edu/accounting/general/contact.php>

Payroll: <http://fisops.wayne.edu/payroll/index.php>

Office of Student Financial Aid: <https://wayne.edu/financial-aid/>

WSU-SOM Units

Biomedical Graduate Programs: <http://gradprograms.med.wayne.edu/>

School Medicine Fiscal Affairs: <http://fiscalaffairs.med.wayne.edu/>

Medical Education/ Financial Aid: <http://financialaid.med.wayne.edu/>

Mentorship, Pre-doctoral or Postdoctoral society:

National Postdoctoral Organization: <http://www.nationalpostdoc.org>

National Association of Graduate-Professional Student: <http://nagps.org>

Student National Medical Association: <http://www.snma.org/>

National Center for Faculty Development and Diversity: <http://www.facultydiversity.org/>