

REQUEST FOR SUPPLEMENTAL PAY

Approval is requested to provide supplemental pay to the employee listed below for work performed outside their regular university assignment and work hours, in addition to their regular wages.

EMPLOYEE INFORMATION				
Employee Name:		Employee ID:		
Position:		Supervisor:		
Requesting Department:				
Effective Date:	Fund:	Cost Center:	Number of Hours:	Amount:
Payment Reason, Dates of Service, Amount Calculations/Breakdown & Other Comments:				
APPROVALS				
Dean/Dept. Chair/Director Signature:		Human Resources Signature:		
Print Name and Date:		Print Name and Date:		

Updated December 2024