



## Brigham Young University – Hawaii REQUEST FOR SUPPLEMENTAL PAY

*Note: Approval is requested for the employee named below to be allowed payment in addition to the regular wages for the work request below, which is performed apart from and in addition to the employee filling his/her regular university assignment and outside of the regular work hours.*

Employee Name	BYUH ID#	Current Title

Requesting Department	Supervisor

Effective Date	Fund	Cost Center	Number of Hours	Amount
				\$

Payment Reason, Dates of Service, Amount Calculations/Breakdown & Other Comments

<i>Authorization or Approval</i>			
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
<b>Dean/Dept. Chair/Director</b>			
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
<b>Human Resources</b>			