



One-Time Supplemental Pay Request Form

Employee Information

Date Submitted:		Banner ID:	
Employee's ID:		Employee's Position ID:	
Employee's First Name:		Employee's Last Name:	
Employee's Home Department:		Home Department ID:	
Employee's Home College/Unit:		Employee's Job Title:	

Supplement Information

Temporary Assignment	Incentives
Research Subject Fee	Taxable Fringe
Please provide a brief description of what is being requested.	
Requestor's Name:	Requestor's Job Title:
Requesting Department:	Requesting Department ID:
Requesting College/Unit:	Total Hours Requested:
Effective Start Date:	Effective End Date:
Amount to be Paid:	Employee's Salary:

It is the responsibility of the requesting department to notify the employee's home department of this additional compensation agreement.

Funding Information

Combo Code:	Please provide any additional information below.				
Account	Fund Code	Department	Program Code	Class Field	Budget Reference
Business Unit	Project	Activity ID	Chartfield1	Operating Unit	Budget ID:

Signatures & Approvals

In accordance with Board of Regents policy, additional compensation may be paid for participating in appropriate University instructional, research, or service activities when all four of the following conditions are met:

- The work is carried in addition to a normal work load.
- No qualified person is available to carry the work as part of his/her normal load.
- The work provides sufficient income to be self-supporting.
- The additional duties are not so heavy as to interfere with the performance of regular duties.

When additional compensation is paid, it shall be no greater than compensation paid for performance of the employee's normal duties. **Prior** to scheduling work for which additional compensation could possibly be paid to a University employee, **approval must be obtained in writing** by completing and submitting this "Request for Additional Compensation" form.

I will perform the duties as described below. The number of hours above reflect the work time required for the services to be performed outside my normal work day or while I am on annual leave.

Employee Signature:		Date Signed:	
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Approved and Signed By:

Home Department Head:		Date Signed:	
Requesting Department Head:		Date Signed:	
Requesting Dean/VP		Date Signed:	
HR Representative:		Date Signed:	
Requesting Sr. VP or President:		Date Signed:	

Justification

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