

Request for Supplemental Pay

I.	Empl	lovee	Infor	mation

II.

III.

Employee Information	011.				
Employee Name:			Departn	nent:	
Employee ID:			Position	n #:	
Employee Title:			Supervi	sor Name:	
Supplement Pay Info	ormation:				
New Request	Co	ntinuing Requ	ıest		
Is the employee current	ntly receiving	supplemental	pay? Y	res \$	No
Total \$ Amount of Su	pplement: \$		Fringe: \$		
Effective Date of Cha	nge: Begin Da	ate	End Date		
\$ Amount per Quarter	:: 	ı	Γ		
	September	\$	December	\$	
	March	\$	June	\$	
Supplemental Paymo	ent Type:				
o Resultio Prolono Assignb. □ Performance	ment duration ing from either ged absence of ments at a high	is a minimun an additiona fanother staff her level than	n of one month I need for a ser imember or va the employee	vice or function cancy in the design of the	lepartment
O Non-re	curring				

Provide a brief explanation justifying the supplemental pay request in the space below:

• Must be a regular employee and not. temporary employee

• Requires significant effort well beyond a position's defined scope or working hours

IV. Funding Information

NOTES:

Fund Code	Org Code	Account Code	Program Code	\$Amount	PI approval (if applicable)
				\$	
				\$	
				\$	
				\$	

Business and Finance:	Date
Approval(s) Required:	
Chair:	Date
Dean:	Date
SVP, Clinical Affairs & DIO:	Date
SVP & CAO (if applicable):	Date
SVP & CFO:	Date
President & CEO (if applicable):	Date

Supplemental pay requests, if approved, are paid out at the end of each quarter after work is completed, but must be approved before the employee assume additional duties (if applicable). Supplemental pay must be paid from a PERSONNEL account code. If funding comes from a non-personnel account or if there is not sufficient funding in the personnel budget, please contact Business and Finance with an approved solution prior to making the commitment. Supplemental pay requests must be renewed annually and are contingent upon the availability of funding.