

**SUPPLEMENTAL PAYMENT REQUEST FORM**

This form must be submitted **prior** to the Supplemental Earnings payment form.  
*Request must not be communicated to employee prior to approval of Compensation Department.*

Office of Human Resources  
Compensation Department

**Policy: 07-09-02 | Procedure: 07-09-02**

**SECTION 01 Employee Information**

Last Name, First Name, M.I.	Employee #	Job Classification	Status (FT/PT)	FLSA (Exempt/Non-Exempt)

Dept. initiating payment		Employee's department		
	Dept. #	Department Name	Dept. #	Department Name

**SECTION 02 Request Details**

**INSTRUCTIONS** Select the appropriate request type and complete fields for payment information, including account number and duration. For reference, see the Assignment Type definitions below or Policy **07-09-02**. Note: Supplemental payments are not to exceed 6 months.

**ADDITIONAL DUTIES** Staff member assumes duties outside of the scope of their regular job duties/responsibilities or outside of their department.

**INTERIM ASSIGNMENT** Staff member takes on responsibilities to continue the operations of a department during a critical vacancy.

**Note: Additional Duties and Interim Assignments for staff members are paid based on a percentage of the staff member's monthly salary.**

The percentage is determined based on the job classification of the work performed, per the following guidelines:

- (A) Within the staff member's current pay grade: **0% - 5%**
- (B) One pay grade above the staff member's current pay grade: **0% - 10%**
- (C) Two pay grades or more above the staff member's current pay grade: **0% - 20%**

**SPECIAL PROJECT** Work performed specifically for a pre-approved grant, typically paid at an hourly rate (must provide account number).

Note: Hours worked for a Special Project must be tracked and submitted with payment form.

**TEACHING/COACHING ASSIGNMENT** Coaching assignments, adjunct teaching assignments, or workshops, are paid consistent with departmental payment standards.

Request Type & Payment Details     Additional Duties     Interim Assignment     Special Project     Teaching/Coaching Assignment     Reclass Suspension

**ACCOUNT NUMBER** Enter the account number where cost should be allocated. The distribution amount is the amount paid per account per pay period.

Distribution Amount	<input type="text"/>	Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-00000
			ENTITY	DEPT	SUBCODE	PURPOSE	PROJECT	REFERENCE		
Distribution Amount	<input type="text"/>	Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-00000
Distribution Amount	<input type="text"/>	Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-00000
Distribution Amount	<input type="text"/>	Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-00000

Total Distribution Amount  Per Pay

Assignment Start Date	Assignment End Date	Additional Hours per Week

**SECTION 03 Justification**

**INSTRUCTIONS** Complete all fields below. For a teaching assignment, only complete (1).  
*250 word max - if necessary, please attach additional justification.*

(1) Detailed description of the work being performed. Note: For teaching assignment, indicate course number, course name, and number of credits.

(2) An explanation of the relationship between the additional work and the staff member's normal job responsibilities.

(3) How and why the staff member was selected to perform these duties (e.g. special skill set, education, or experience).

(4) How was the desired rate/amount determined? (See instructions on page 1)

**SECTION 04 Certification**

**INSTRUCTIONS** Sign below to certify that all information provided on this form is true and accurate. All signatures must be obtained before form is submitted to the Compensation Department. An electronic signature is acceptable in lieu of a handwritten signature. Note: Submission of this form does not guarantee approval. Approval or denial of supplemental payment request will be sent via e-mail to the designated party from the Compensation Department.

*Request must not be communicated to employee prior to approval of Compensation Department.*

Prepared by		Dept. Admin	
Supervisor		Dean's Office	
Approver #1		Approver #2	

Send determination to Name and E-mail

	Name	E-mail
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**SECTION 05 OHR Internal Use Only**

<small>Compensation Analyst</small>	<small>Action Date</small>

Approved  Denied

<small>Effective Date</small>	<small>NE Rate</small>

Denied Reason

Type (Oracle)

**Data Entry** HR Assistant Initials  Date

Pay Adjustment Required  Pay Adjustment Complete