



# Supplemental Pay Request Form

Complete the entire form. Incomplete forms will not be processed.

In accordance with University Policy 501.16, Supplemental Pay must be approved in advance of the initiation of the Activity. **Please review the Policy for additional information and guidance.**

## I. EMPLOYEE INFORMATION

EMPLOYEE INFORMATION			
Employee Name		Department	
Employee ID		Position #	
Employee Title		Supervisor Name	
Current Contract Period		Base Salary	
FUNDING INFORMATION			
Funding Type	<input type="checkbox"/> Internal <input type="checkbox"/> External	Activity	<input type="checkbox"/> temporary increase in responsibility <input type="checkbox"/> extra duties outside /addition to work hours <input type="checkbox"/> external funded sponsored project
Funding Sponsor Name		Sponsor Type (Government or Private)	
Activity Date(s)		Total Project Budget	
Requested Amount			

## II. SUPPLEMENTAL PAY INFORMATION

New Request

Continuing Request

### Salary Calculation

Base Salary Amount \$\_\_\_\_\_

Supplemental Pay Request \$\_\_\_\_\_

**Has the employee received any University-funded supplemental pay during this academic year?**

Yes

No

If yes, provide the following:

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

Total Amount of Supplemental Pay: \$\_\_\_\_\_

Amount of Fringe: \$\_\_\_\_\_

**Has the employee received external funded supplemental pay during this academic year?**

Yes

No

If yes, provide the following:

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

Total Amount of Supplemental Pay: \$\_\_\_\_\_

Amount of Fringe: \$\_\_\_\_\_

### **III. REQUESTED SUPPLEMENTAL PAY TYPE**

#### **A. University Funded Activity**

- Instructional Activity
- Internal Grant
- Administrative Duties (less than one year)
- One Time Special Payments

#### **B. Externally Sponsored Activity**

- Government Sponsored Activity Outside the Contract Period
- Government Sponsored Activity During the Contract Period
- Intra-University Consulting (requires an exception)
- Other Externally Funded Activities

### **IV. JUSTIFICATION**

#### **A. Detailed description of the proposed activity.**

**B. Describe the relationship of the proposed Activity to the employee's normal job duties.**

**C. Explain how the Activity will/will not interfere with the employee's current duties and provide details on any approved external professional activities.**

## V. **FACULTY REQUESTS ONLY**

### A. **Credit Hours**

The number of credit hours the faculty member is to teach during the period of the Activity for which Supplemental Pay is requested.

Credit Hours \_\_\_\_\_

### B. **Base Salary Calculation**

(Note: 33% limit out of contract period and 20% limit within contract period)

Base Salary Amount	\$_____
20%	\$_____
33%	\$_____
Supplemental Pay Request	\$_____

### C. **Release Time**

Has the faculty member received release time during this academic year?

Yes       No

If yes, please provide details of any/all release time.

## VI. REQUIRED APPROVALS

### University Funded Activities

<b>Chair or Unit Head</b>	
<b>Dean (Faculty)</b>	
<b>Provost (Faculty)</b>	
<b>Vice Chancellor</b>	
<b>Office of Human Resources</b>	
<b>Chancellor (SAAO)</b>	

### Externally Funded Activities

<b>Unit Head</b>	
<b>Dean (Faculty)</b>	
<b>Vice Chancellor</b>	
<b>Contracts and Grants</b>	
<b>Sponsored Programs</b>	
<b>Office of Human Resources</b>	
<b>Chancellor (SAAO)</b>	

*Once the externally funded Activity is approved in writing by the sponsor, a Position and Salary Action Request form (PPA) should be submitted to the Office of Human Resources for final review and approval. This form should be attached to the PPA.*