



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

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

Externally Funded Activities

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

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.