



EMPLOYEE SUPPLEMENTAL PAY/ADDITIONAL COMPENSATION FORM

(This request must be submitted and approved prior to work being performed.)

NAME: _____ Title: _____ EMP ID NBR: _____

EMP DEPT NBR: _____ EMP DEPARTMENT NAME: _____

CHARGE TO:

DEPARTMENT CODE		DOLLAR AMOUNT PER CLASS/ACTIVITY/WEEK/HOUR	
PROJECT/GRANT		TOTAL DOLLAR AMOUNT TO BE PAID TO PERSON	
EFFECTIVE PAY DATE (MM/DD/YY)		EARNINGS CODE	
REASON FOR PAYMENT			
EMPLOYEE TYPE	<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> STUDENT		

BOARD OF REGENTS POLICY 5.3.2 SUPPLEMENTAL PAY (INCLUDING TEMPORARY ASSIGNMENTS):

Supplemental Pay or Extra Compensation may be paid to employees for tasks performed after normal business hours for duties **not** included in the employee's normal job responsibilities, allowances for specific expenses such as car and housing, and employee awards. NOTE: An employee may be paid extra compensation for a task for another department during normal job hours if the task is not part of the employee's normal job responsibilities and the employee takes annual leave for the portion of time being used for the task receiving extra compensation. Employees determined by the institution to be non-exempt, as defined by the Fair Labor Standards Act (FLSA), and are performing extra duties could be required to be paid overtime for hours in excess of forty in a work week. Non-exempt employees will not qualify if both jobs are in the same general occupational category, and will be subject to FLSA.

EMPLOYEE OCCUPATIONAL AND ON-CAMPUS ACTIVITIES: (Check all that apply):

- Outside Activity involving monetary remuneration/compensation Outside Activity involving more than one business day in a week
- On-Campus Activity involving more than one business day commitment in a week

Beginning Date and Time: _____ Ending Date and Time: _____

Frequency: (one time, once per month, etc.): _____ Total Time Commitment (days/hours): _____

Dates employee will be away from primary duties: _____ Time of Day: _____

Activity Description and Justification: (Attach additional information if needed)

Employee Certification: (All boxes must be checked and Employee must sign below)

- I certify that the activity Will Not constitute a conflict of interest or the appearance of a conflict of interest for me;
- I certify that the activity Will Not interfere with the punctual discharge of my official duties; and
- I certify the activity Will Meet one of the following criteria: (a) is a means of personal professional development; (b) serves the community, state or nation; or (c) is consistent with the objectives of the institution.

Employee Signature

Date

	Signature	Date		Signature	Date
Employee's Supervisor			Budget Director		
Originating Unit Head			Chief HR Officer		
Additional Unit Head			Accounting Office		
President or Vice President			Payroll Office		

Please Note: THIS FORM WILL NOT BE COMPLETED UNTIL ALL SIGNATURES HAVE BEEN COMPLETED.

Please Note: Submit form to Payroll Services. See Payroll calendar for reporting deadlines. Payroll Services (678) 466-4231

Entered by Budget Office	
Payroll Distribution Code	