

REQUEST FOR SUPPLEMENTAL PAY AUTHORIZATION

TO:

Dean of

FROM:

SUBJECT: Supplemental Pay for _____, from _____ to _____

DATE:

- Employee Name:
- Employee Title:
- Account for payment:
- Amount to be paid:
- Date Start:
- Date Stop:
- Equivalent in Hours:
- Reason for Supp Pay:

	Signature	Date
Chair/Director (Or supervisor)		
Dean		
Employee Acknowledgement		