

Supplement/Extra Compensation Request Form

Appropriate administrator/supervisor should discuss/secure approval from the President/VP Council prior to initiating this action.

SUPPLEMENT (Faculty/Non-Faculty): Amount is added to the annual salary, included in monthly pay calculations, and subject to pay increases. Annual evaluations are required for each supplement appointment.

EXTRA COMPENSATION: Amount is not added to annual salary and is pay for work completed in addition to duties and responsibilities of an employee's normal full workload. It is a set period of time and is not permanent.

EMPLOYEE INFORMATION

Full Name _____ WS ID _____
 Position _____ AY or FY _____
 Department _____

CHANGE INFORMATION

Reason/Title _____ Amount \$ _____
 Add _____ Delete _____ Position # _____
 FOAP _____ Total Annual Salary \$ _____
 Effective Date _____ End Date _____
 Release Time _____
 Pay Frequency _____
 Annual Evaluation Required? Yes No
 Justification _____

(Other Supplements Currently Applied)

COMMENTS

APPROVALS

Submitted by _____ Date _____
Dean/Supervisor
 Recommended by _____ Date _____
Vice President
 Reviewed by _____ Date _____
Executive Director of Human Resources / Equity Officer
 Reviewed by _____ Date _____
Vice President for Business and Finance
 Approved by _____ Date _____
President