



## Staff Supplemental Compensation Request and Approval Form

**INSTRUCTIONS** This form **MUST** be completed and submitted to the appropriate HROE HUB **PRIOR** to the start date of the activity. Class & Comp will determine if the extra compensation will be processed as a One-Time Payment, Add Additional Job or other salary action in Workday.

### Part I: Supplemental Work Pre-Approval

Supplemental Compensation Type:	
Employee Name (Print)	Employee UIN
Employee's Position Number (PIN)	Is the Employee's Primary PIN: Exempt                      Non-exempt (stop: Process as add job)
Proposed Duration of Service (From and Thru Dates)	Proposed Total Hours
Explanation of Proposed Extra Work	
Proposed Total Payment Amount and Frequency	
Costing Allocation	
Name of Department where extra work is being performed	

Employee	_____	_____	_____
	Print Name	Signature	Date
Requesting Department Head	_____	_____	_____
	Print Name	Signature	Date
<input type="checkbox"/> The requesting department head is also employee's home department. No additional approvals are needed. (reviews still required)			
Employee's Home Department Head Approval:	_____	_____	_____
	Print Name	Signature	Date
SRS Review (Required for "4" accounts)	_____	_____	_____
	Print Name	Signature	Date
Finance Review	_____	_____	_____
	Print Name	Signature	Date
HROE C&C Review:	_____	_____	_____
	Print Name	Signature	Date

### Part II: Confirmation of Work Completion

**Employee:** I certify that the extra work listed above has been completed and appropriate leave (if applicable) was taken in accordance with relevant University leave requirements.

**Department Head:** I certify the extra work was completed and authorize the processing of the supplemental compensation as outlined above. Additionally, if any of the above information has changed, I am provided the written agreement between myself and the employee of the changed items.

Employee	_____	_____	_____
	Print Name	Signature	Date
Requesting Department Head	_____	_____	_____
	Print Name	Signature	Date
Vice President or Dean (if pre-approval was not obtained by the requesting department)	_____	_____	_____
	Print Name	Signature	Date