



Supplemental Compensation Request Form

INSTRUCTIONS This form is used to request approval for payment of extra compensation in accordance with [Standard Administrative Procedure 31.01.99.M0.02, Supplemental Compensation and Dual Employment](#). Individuals who have been deemed as an Independent Contractor do not need to complete this form. This form **MUST** be completed and submitted to the appropriate Human Resources unit **PRIOR** to services being performed and entered in Workday. HR will determine if the extra compensation will be processed as a One-Time Payment, Add Additional Job or other salary action in Workday.

Employee Name		Employee UIN
Employee Title		Employee Position Number
Proposed Duration of Service (From and Thru Dates)		Proposed Work Schedule
Explanation Of (Proposed) Services		
(Proposed) Total Amount of One-Time Payment and Frequency (If Applicable)		
Additional Comments		
Department Contact Name	Department Contact Email	Department Phone Number

If approved, this form certifies that the employee has taken the appropriate leave (if applicable) in accordance with relevant University leave requirements while performing additional work and the guidance provided by the appropriate Human Resources unit is followed. Approval is in place if the circumstances of the situation remain unchanged.

The information on this form is subject to change per the appropriate Human Resources units review. Once HR has reviewed the form, it will be sent back to the department contact listed above with a payment determination. If extra compensation is determined to be processed as an Add Additional Job, HR can provide guidance on position attributes to be used in Workday.

Primary Department Head Name (Print)

Date

Primary Department Head Signature

Proposed Department Head Name (Print)

Date

Proposed Department Head Signature

HUMAN RESOURCES APPROVAL APPROVED BY:

TEXAS A&M - SUBMIT FORM TO:
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