



Texas Southern University

Office of Human Resources

3100 Cleburne | Houston, Texas 77004 | (713) 313-7521

# Request for Approval of Supplemental Salaries

### Section 1: Employee Information

Employee Name \_\_\_\_\_

TSU ID# \_\_\_\_\_

Regular Position \_\_\_\_\_

Department \_\_\_\_\_

### Section 2: Pay and Funding Source Information for Supplemental Salary

Description			Amount		From	Until
Monthly rate of pay in excess of the regular full-time rate			\$			
Charged to:	Fund	Organization	Program	Item	Account	
Requesting Department:			Dept. Head:			Date:

### Section 3: Justification

### Section 4: Certifying Statement

I certify that the total supplemental salary received by me to date from any University source, when added to the supplemental salary requested herein will amount to \$\_\_\_\_\_ and will not place me in violation of the University's policy on total allowable supplemental salaries for the current fiscal year.

Employee Payee \_\_\_\_\_

Date: \_\_\_\_\_

### Section 5: Approvals

Home Department/College

\_\_\_\_\_  
1st Line Supervisor/Manager (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Requesting Department/College

\_\_\_\_\_  
1st Line Supervisor/Manager (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2nd Line Supervisor/Manager (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Provost/VP

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Budget

\_\_\_\_\_  
Representative (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Human Resources

\_\_\_\_\_  
Representative (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date