



# Request for Approval of Supplemental Salaries

## SECTION 1: Employee Information

Employee Name \_\_\_\_\_ TSU ID# \_\_\_\_\_

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

Full-time Salary \_\_\_\_\_

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

| Description  |      |              | Amount     | From | Until   |
|--|------|--------------|------------|------|---------|
| <b>Monthly rate of pay in excess of the regular full-time rate</b> |      |              | <b>\$</b>  |      |         |
| <b>Charged to</b>  | 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

President

\_\_\_\_\_  
(Print) Date Signature Date