



# Request for Approval of Proposed Supplemental Salary

Requests for additional compensation must be submitted to Human Resources for review and approval, and must be approved in advance of services being performed. The approval must be received prior to the published payroll processing deadline for the month in which the work is to begin. **Please Note: Any request not submitted in advance of the work being performed may not be honored (MAPP 02.02.07, Section IV.E).**

Requesting Department		Requesting Supervisor		Date Submitted	
Proposed Start Date of Performed Services				Proposed End Date of Performed Services	
Proposed Funding Source	State	Local	Grant	Other	

## SECTION 1: Employee Information

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

Faculty or Staff \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_ Hourly Rate (A) \$ \_\_\_\_\_  
(Staff/Faculty Annual Salary ÷ 2080/1560)

Position Title \_\_\_\_\_

Faculty School/College \_\_\_\_\_ Staff Division/Department \_\_\_\_\_

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

Fiscal Year (ex. FY2024)	Semester (ex. Fall 2023)	(B) Total Proposed Semester Supplement Amount	(C) # of Months	(D) Calculated Monthly Supplement Amount (B÷C)	(E) Supplemental Hours per Week	(F) # of Proposed Weeks for Supplemental Pay	(G) Total Hours of Supplemental Service (E x F)	(H) Rate of Supplemental Pay (B÷G)
Charged to:		Fund	Organization	Account	Program	Activity	Position#	

\*For E-H, Faculty Research Incentive Recipients should enter "FRIP"

## SECTION 3: Justification (Please list this proposed supplement and any others)

Supplement Entry	Position#	Start Date	End Date	(E) Supplemental Hours per week	(F) # of Proposed Weeks for Supplemental Pay	(G) Total Hours of Supplemental Service (E x F)	Approved Supplemental Pay
1							\$
2 (additional)							\$
3 (additional)							\$
TOTAL	---	---	---				\$

\*For E-G, Faculty Research Incentive Recipients should enter "FRIP"

## Certifying Statement

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 per (MAPP 02.02.07, Section IV.C).

Employee Payee \_\_\_\_\_  
Print Name Signature Date



## SECTION 5: Scope of Work/Deliverables

*\*(Attach a copy of your primary Job Description filed with Human Resources)*

**A. How does this supplemental pay assignment differ from the employee's regular position and assigned duties?**

**B. When will the supplemental work be performed outside of the employee's normal work schedule (e.g., dates, duration, and/or schedule)?**

**C. What specific tasks and responsibilities will be performed as part of this supplemental pay assignment? What are the expected deliverables?**

### Certifying Statement

I certify that the service being performed is outside my normal working hours (per MAPP 02.02.07, Section III.G, "Normally, work hours for full-time exempt staff are 8:00 a.m. to 5:00 p.m. Monday through Friday with a one-hour lunch break.").

\_\_\_\_\_Initials



## SECTION 6: Approvals

**Requesting Unit**

_____ Supervisor/Manager (Print)	_____ Date	_____ Signature	_____ Date
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**Employee Home Unit**

_____ Supervisor/Manager (Print)	_____ Date	_____ Signature	_____ Date
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**Dean**

_____ Supervisor/Manager (Print)	_____ Date	_____ Signature	_____ Date
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**Provost/Unit VP**

_____ Supervisor/Manager (Print)	_____ Date	_____ Signature	_____ Date
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**Budget/Grant/Title III**

_____ Supervisor/Manager (Print)	_____ Date	_____ Signature	_____ Date
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**Human Resources**

_____ Supervisor/Manager (Print)	_____ Date	_____ Signature	_____ Date
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**President (or designee)**

_____ Supervisor/Manager (Print)	_____ Date	_____ Signature	_____ Date
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